



# **PUBLIC HEALTH AGENCY**

## **Corporate Business Continuity Plan**

<b>Version</b>	8.0
<b>Issue Date</b>	November 2019

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### **TERMS AND DEFINITIONS**

IMT	Incident Management Team
IMAT	Incident Management Action Team
BCM	Business Continuity Management
RTO	Recovery Time Objective: the target time for resuming the delivery of a product or service to an acceptable level following disruption (full service or phased return).
AST	Administration Support Team
BCP	Business Continuity Plan
MAO	Maximum Acceptable Outage: the maximum amount of time that the organization can continue to function without its key products or services before the impact is deemed unacceptable and viability is threatened (the “point of no return”).
MBCO	Minimum Business Continuity Objective (minimum level of service acceptable during an interruption)
RPO	Recovery Point Objective (Point to which information should be restored to enable the activity to operate on resumption)
BCMS	Business Continuity Management System
SOP	Standard Operating Procedure

## 1.0 DOCUMENT CONTROL

### 1.1 Revision History

This Business Continuity Plan (BCP) is a controlled document, owned by Mr Edmond McClean, Deputy Chief Executive and Director of Operations and is held centrally by those listed in Section 1.2.

Any amendments should be forwarded to the Plan Administrator/Operations Manager: Name Redacted [@hscni.net](mailto:Name Redacted@hscni.net) or Irrelevant & Sensitive

Irrelevant & Sensitive Any changes must be recorded using the table below:-

**Table 1: Version Control**

Version	Issue Date	Changed by	Designation	Reason for and Details of Changes made	Date Approved by AMT
1.0	13.08.12	<b>Irrelevant &amp; Sensitive</b>	n/a	Original Version	10.10.11
2.0	02.01.14		Operations Manager	Following exercise	07.11.13
3.0	08.06.15		n/a	ISO 22301 requirements	31.03.15
4.0	08.02.16		n/a	Review following power outage on 30/4/15 and exercise	27.10.15
5.0	24.04.17		Operations Manager	Following exercise and relocation of staff	21.03.17
6.0	20.04.18		Operations Manager	Following exercise and review of cyber security	13.03.18
7.0	12.03.19		Operations Manager	Following exercise	29.01.19
8.0	16.10.19		Operations Manager	Review following AMT walkthrough in light of EU Exit and potential industrial action	11.11.19

### 1.2 Distribution List

The following table records the distribution of each version of the Business Continuity Plan (BCP).

Those using the BCP must check that they have received the most recent version and have disposed appropriately of any previous versions.



**As the BCP contains personal contact details, its distribution must be controlled and confidentiality maintained at all times.**

**Table 2: Distribution Control**

<b>Name</b>	<b>Designation</b>	<b>Version</b>	<b>Date</b>
A Dougal	Chair	8	Dec 2019
V Watts	Chief Executive	8	Dec 2019
E McClean	Deputy Chief Executive and Director of Operations	8	Dec 2019
A Mairs	Interim Director of Public Health	8	Dec 2019
B Quinn	Interim Director of Nursing and Allied Health Professions	8	Dec 2019
I Young	Director, Research and Development	8	Dec 2019
A Keaney	Director, HSC Quality Improvement	8	Dec 2019
M Roberts	Clinical Director, Safety Forum	8	Dec 2019
G Waldron	Assistant Director, Health Protection	8	Dec 2019
B Bonner	Assistant Director, Health and Social Wellbeing Improvement	8	Dec 2019
S Bergin	Assistant Director, Public Health (Screening and Professional Standards)	8	Dec 2019
B Farrell	Assistant Director, Public Health (Service Development, Safety and Quality)	8	Dec 2019
J Bailie	Assistant Director, Research and Development	8	Dec 2019
M Tennyson	Assistant Director, Allied Health Professions and Public Involvement	8	Dec 2019
D Boulter	Assistant Director, Nursing	8	Dec 2019
D Webb	Assistant Director, Nursing	8	Dec 2019
C Buchner	Assistant Director, Nursing	8	Dec 2019
S Donald	Assistant Director, Nursing	8	Dec 2019
S Aitcheson	Assistant Director, Nursing	8	Dec 2019
R Taylor	Assistant Director, Planning and Operational Services	8	Dec 2019
S Wilson	Assistant Director, Communications and Knowledge Management	8	Dec 2019

**Distribution to Tower Hill, Gransha Park and County Hall facilitated via Local/Office Managers.**

### **1.3 Location and Access**

When version changes are made at subsequent reviews of this document, as recorded in Table 1, all existing or outdated plans must be returned to the Plan Administrator for destruction (as at Section 1.1). The Plan Administrator will circulate revised copies as necessary.

The most up-to-date copies of the BCP will be held securely in each of the following PHA locations:-

- 12-22 Linenhall Street, Belfast
- Tower Hill, Armagh
- Gransha Park, Derry/Londonderry
- County Hall, Ballymena.

**2.0 ORGANISATION AND CONTEXT**

The Public Health Agency (PHA) is a multi-disciplinary, multi-professional body with a strong regional and local presence, established to provide a renewed, enhanced focus on Public Health and Wellbeing. It receives guidance and instruction from the Department of Health (DOH) and works with Local Government, the Public and the Voluntary and Community Sectors to tackle the underlying causes in poor health and health inequalities.

The PHA works closely with the Health and Social Care Board (HSCB) in terms of commissioning and shared premises and with the Business Services Organisation (BSO) for provision of Information Technology Services, Human Resources and Finance. It also liaises with the small Agencies and Health and Social Care Trusts.

As a Public Body, the PHA must meet certain external legal and regulatory requirements, such as Information Governance, Risk Management, Health and Safety and Corporate Governance. Operations Directorate staff monitor organisational compliance across the organisation.

The Corporate Structure of the PHA is summarized in the following diagram.

**Figure 1) Corporate Structure**



**2.1 Business Continuity Management - Policy**

As part of Business Continuity Management preparations, the PHA Business Continuity Policy was developed in 2011 and approved by the PHA Board in February 2012. The Policy was amended slightly in January 2015 in order to reflect requirements in the new International Standard (ISO 22301) and was reviewed again in February 2018. The aim of the Policy is to detail a comprehensive framework for Business Continuity Management so PHA can continue to function during an operational interruption.

It sets out general principles and processes for the development, maintenance and review of PHA Business Continuity Plans and is separate to but complements the PHA Risk Management Policy. The Policy is available on the PHA Intranet for all Staff and has been placed on the PHA Website for the attention of interested parties.

## 2.2 Business Impact Analysis (BIA)

As part of Business Continuity planning, a Business Impact Analysis (BIA) was carried out by the Project Team in 2011 and is kept under review. During the BIA, the Project Team considered internal and external resources, dependencies and processes, as well as the environment in which PHA operates, before prioritising, in order of time criticality, the key services and functions which must be maintained or restored during an incident in order to maintain an acceptable level of business.

## 2.3 Key Services - Assessment of Priority

PHA services have been prioritised based on the following information:-

- Assistant Director/Senior Manager knowledge and experience of their areas of work and the potential to stand down /postpone service provision
- Awareness of issues in Emergency and Business Continuity Planning, acquired through numerous real-life events and training exercises
- PHA statutory responsibility to provide certain services/functions
- The risk and severity of harm coming to individuals or members of the Public if business functions are not maintained i.e. impact on individual patient outcomes and potential impact on population health/loss of health gain
- Likely impact on business recovery
- Impact on overall PHA aims and objectives
- Risk of impact on public confidence/reputation/Media reporting
- Impact on other interested parties/business partners of standing down business functions
- Corporate and financial governance requirements
- Impact on achieving Programme for Government (PfG) Targets
- Impact and dependency on other organisations, such as the Business Services Organisation, Health and Social Care Board and HSC Trusts.
- Ability to escalate or reduce services and the ability to modify current processes which would delay business functions or cause serious disruption if not stood down.

A full list of key services is included at **Appendices 1 and 4** and should enable IMT to **determine how and when these should be managed and reintroduced**. This may depend on the time of year and the nature and severity of each incident.

## 2.4 Purpose and Scope of the Business Continuity Plan (BCP)

This **BCP** has been compiled under the auspices of the Agency Management Team (AMT) by the PHA Business Continuity Project Team and is in line with the requirements of ISO 22301.

The Plan is designed to assist the PHA Incident Management Team, at a Corporate Level, through the necessary steps from an incident's occurrence to the resumption of business as usual. It is kept 'live' by regular testing, consideration of business process planning and monitoring by Senior Managers and the Project Team on an ongoing basis.

This BCP focuses on two elements, the first being immediate incident response to prevent further injury, damage, loss, tending to the injured and evidence gathering. The second element concerns addressing the damage, restoring service continuity to normal and providing information to staff, the public and Media.

Whereas **Emergency Planning\*** deals with providing a response to a major external incident, this BCP seeks to establish an incident management structure which supports the provision of key PHA internal services, focusing on maintaining and recovering these to normal working.

NB: Should a business continuity incident escalate towards emergency planning\*, copies of the **Emergency Preparedness Plan** can be obtained via the PHA Emergency Planner (Ms Mary Carey) or members of the **Emergency Planning Team as outlined in Appendix 12** (Contact Details).

This BCP has the following objectives:-

1. to ensure arrangements are in place to identify and maintain critical services during the incident period;
2. to allow threats to be identified and managed throughout the period of disruption and recovery;
3. to enable normal business to be resumed as soon as possible and;
4. to ensure processes are in place to test and keep under review the PHA plans for Business Continuity.

In keeping with good practice, this document focuses specifically on a limited number of key services which, because of their nature, could cause loss of life; tangible, adverse impact on health and/or well-being or significant damage to the reputation and functioning of the PHA.

The BCP concentrates on Business Continuity and restorative activities within the first 7 days following a Business Continuity incident and, in particular, the following aspects:-

1. Programme – proactively managing the process;
2. People – roles and responsibilities, awareness and education;
3. Processes – all organisational data and processes, including ICT;
4. Premises – buildings, facilities and equipment;
5. Providers – supply chain, including outsourcing and utilities;
6. Profile – brand, image and reputation;
7. Performance – benchmarking, evaluation and internal audit.

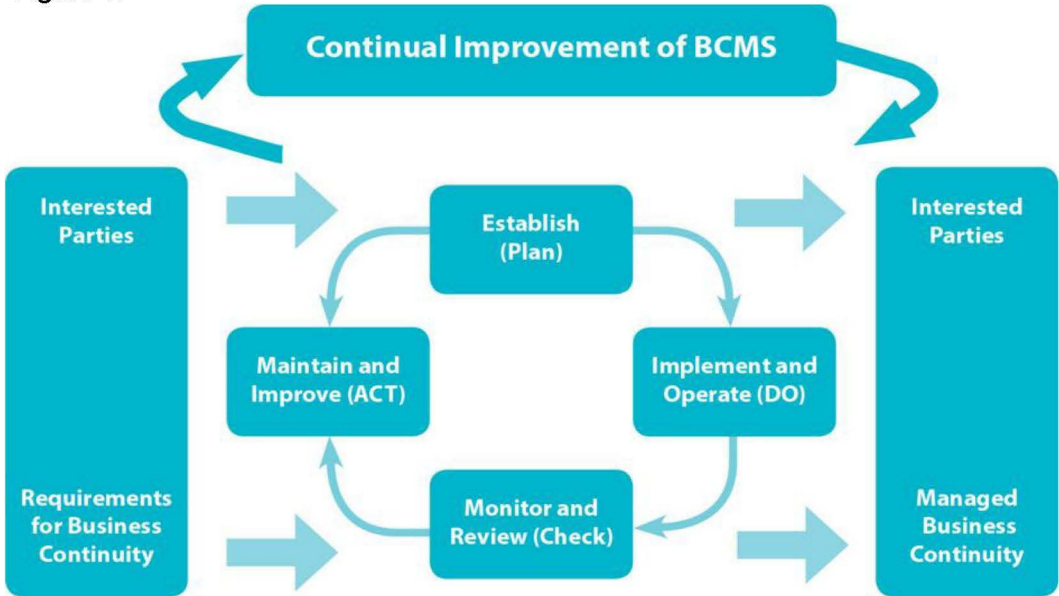


**2.5 The Plan-Do-Check-Act (PDCA) Model**

This BCP takes into account the needs and expectations of interested parties, legal and regulatory obligations, corporate and information governance specifications and the required scope of BCMS as identified by ISO 22301.

The Plan incorporates aspects of the Business Continuity Plan, Do, Check and Act Model (illustrated overleaf in Figure 1) - planning, establishing, implementing, operating, monitoring, reviewing, maintaining and continually improving the effectiveness of an organisation’s Business Continuity Management System (BCMS).

**Figure 1.**



<b>Plan</b> (Establish)	Establish business continuity policy, objectives, controls, processes and procedures relevant to improving business continuity in order to deliver results that align with the organisation's overall policies and objectives.
<b>Do</b> (Implement and operate)	Implement and operate the business continuity policy, controls, processes and procedures.
<b>Check</b> (Monitor and review)	Monitor and review performance against business continuity objectives and policy, report the results to management for review, and determine and authorize actions for remediation and improvement.
<b>Act</b> (Maintain and improve)	Maintain and improve the BCMS by taking corrective actions, based on the results of management review and re-appraising the scope of the BCMS, BCP and objectives.

## **2.6 Planning the Business Continuity Management System**

The following assumptions underpin this BCP:-

- All relevant data and information was provided at the time of BCP development.
- Line management arrangements support implementation of Business Continuity.
- Any potential amendments required should be brought initially to the attention of the Plan Administrator.
- Key services have been identified and these have been categorised in order of priority according to the potential impact of the service being compromised.
- Various actions in the event of a range of crises have been proposed. These actions were developed from suggested handling strategies as agreed by AMT and Assistant Directors in each area.
- This BCP is separate to the Emergency Preparedness Plan developed jointly by the PHA, HSCB and BSO and may be activated should it become necessary to support Emergency Planning preparations where internal working or capacity is challenged.
- All staff and Project Team members involved in Business Continuity Management within the PHA have been appropriately selected from Directorates across the PHA, with training provided where relevant and any certification retained.

## **2.7 Overarching Principles of PHA Business Continuity Management**

Although every business continuity incident will require a unique response, the PHA will apply the following overarching guidance principles:-

- Hold the welfare of staff and wider interested parties/colleagues/neighbours uppermost in all considerations, including how plans and actions are co-ordinated, in order to respond sensitively and appropriately to the incident and with those directly involved in or connected with the incident.
- Establish an Incident Management Team (IMT) and Incident Management Action Team (IMAT) with key roles and named deputies to provide a firm foundation upon which sound incident management will be based.
- Keep under review any incident not initially deemed substantial enough to invoke the BCP and ensure a Director or the Director of Operations is notified accordingly.
- Ensure that any outbreaks or non-Business Continuity related incidents are managed by Deputies pre-designated in each Directorate, maintaining communication with IMT throughout the course of the event.
- Consider the needs of any Section 75 groups during the decision-making process, to minimise or avoid any adverse impact.

## **2.8 Risk Management**

Risk Management is concerned with ensuring that the PHA has the necessary systems, processes, policies and procedures in place for managing risk. It is an integral part of good practice and part of the organisation's culture and plays an important role in Business Continuity Management.

Every organisation faces risks of varying degrees – it is an inevitable part of conducting everyday business. One of the ways the PHA manages those risks is to record them on a risk register (there is a Corporate Risk Register and 3 individual Directorate Risk Registers) and keep them under regular review. This ensures measures are implemented to address adverse impacts, thereby reducing risk to the organisation.

Members of the Agency Management Team and Business Continuity Project Team regularly consider risks which might impact on the organisation and this Business Continuity Plan contains steps to help mitigate against such risks and suggests strategies to implement when an incident occurs. Learning will follow any review, incident or exercise to allow appropriate action to be taken to reduce likelihood of such risks in future.

## **2.9 Risk Appetite**

Risk appetite can be described as the risks which the organisation has determined to be 'acceptable to bear' and those which it has determined cannot be tolerated (unacceptable) in agreed circumstances.

The PHA carefully considers the risk appetite – in other words the extent of exposure to risk that is judged tolerable and justifiable. There will be times when it is necessary to accept a level of risk in order to progress with business. Risk appetite is built into the organisation's risk assessment process.

The PHA recognises that it is operating in an environment where safety, quality and viability are paramount and are of mutual benefit to service users, Interested Parties and the organisation alike.

Consequently, and subject to controls and assurances being in place, the PHA will generally accept manageable risks which are innovative and which predict clearly identifiable benefits, but not those where the risk of harm or adverse outcomes to service users, the PHA's business viability or reputation is significantly high and may outweigh any benefits to be gained.

The level of the risk appetite reflects the PHA's willingness to take opportunity from risks and is an indicator of how well risk culture is embedded into management processes.

An acceptable (or residual) risk is when there are adequate control measures in place and the risk has been managed as far as is considered to be reasonably practicable and/or to reach the level of risk appetite of the PHA for that risk.

## 2.10 Acceptable/Residual Risk

- The PHA acknowledges that some of its activities may, unless properly controlled, create organisational risks, and/or risks to staff, service users and others. The PHA will therefore make all efforts to reduce risk or ensure that risks are contained and controlled so that they are as low as reasonably practicable.
- It is not always possible to reduce an identified risk completely and it may be necessary to make judgements about achieving the correct balance between benefit and risk. A balance needs to be struck between the costs of managing a risk and the benefits to be gained.
- Where a risk has been reduced to the point where the cost of further controls to reduce the risk outweigh the benefit they may provide, it may not be considered reasonably practicable to implement those controls. However, where risk controls are available, it is the duty of the organisation to demonstrate that the cost of implementation outweighs the benefit or that alternative effective control measures have been implemented. Risks requiring a cost benefit analysis must be fed into the PHA risk register process for wider debate and decision on 'acceptability'.

## 3.0 AREAS OF RESPONSIBILITY/OWNERSHIP - MANAGEMENT COMMITMENT

The PHA Board has overall responsibility for ensuring that the PHA has effective arrangements in place to respond to an incident affecting service provision.

**The Chief Executive is responsible for making the decision to activate the BCP with the advice of the Director of Operations. In exceptional circumstances, the Director of Operations may activate the Plan, as the Senior Responsible Officer for Business Continuity Planning.**

The Chief Executive will be supported by the Agency Management Team (AMT) in this role and all members will be expected to assume ownership of the Corporate BCP and any Directorate level strategies implemented as a result.

The Agency Management Team (AMT) comprises the Executive Members of the PHA Board (Chief Executive, Director of Public Health, Director of Operations and Director of Nursing, Midwifery and Allied Health Professions (AHP)), along with the Director of Social Care and Director of Finance from the Health and Social Care Board (HSCB) and the Director of HR and Corporate Services from the Business Services Organisation (BSO), or their representatives.

AMT's role includes ensuring that the PHA has a workable and tested corporate BCP in place and that actions are taken as required by each Director (including monitoring, approval and decision-making).



AMT's role in the event of the BCP being activated will be to assist with the response to the incident as well as ensuring that business continuity is maintained for PHA time critical and high priority services.

It will be the responsibility of the Chief Executive to provide assurance to PHA Board that the BCP is up-to-date and reviewed annually, or sooner if required, and meets the requirements of the ISO 22301 and any assurances requested by DOH.

All senior managers will ensure the BCP is compatible with the strategic direction of the Agency, integrating Business Continuity requirements into the organisation's Business Processes where possible – Business Continuity Planning will also be discussed regularly at Agency Management Team meetings and staff meetings.

All Directors and Assistant Directors will be responsible for raising awareness, motivating, empowering and engaging staff and ensuring that managers and staff are aware of the BCP Policy, understand their contribution to the effectiveness of Business Continuity, understand the implications of non-conformity and their role at the time of disruption.

They are required to oversee the regular review of their relevant sections of the BCP and time critical services and strategies prioritised within it, identifying to the Plan Administrator any changes required or new threats anticipated. Directors and Assistant Directors will also demonstrate the importance of Business Continuity planning by providing visible and on-going support to Project Team members and staff.

Staff should familiarise themselves with any guidance cascaded regarding Business Continuity, noting that all staff have a role in general Business Continuity Management and some groups of staff may also be contacted to undertake specific roles during an incident.

HSCB, BSO and HSC Trusts are to ensure compliance with contractual arrangements by developing their own robust business continuity arrangements in respect of those functions and supports they provide to PHA.

### **3.1 Barriers to Effective Planning and Implementation**

Threats to the successful implementation of the BCP include lack of awareness, failure of staff and managers to fulfil their duties/roles and failure to ensure the BCP is kept up-to-date.

Effective planning is essential to effective Business Continuity Management. It is important that the Incident Management Team and Incident Management Action Team allow positivity and enthusiasm to flow amongst staff, being approachable, communicating effectively and helping find alternative solutions to problems, reducing the opportunity for fear, communication barriers, poor leadership and lack of creativity to stem strategic planning within the organisation.

The panic and confusion created in any crisis can have a negative impact on how staff adapt to a situation. To alleviate this risk, the Incident Management Team should consist of managers with clear authority and confidence to declare an incident and assign clear roles and responsibilities in terms of hierarchy.

### 3.2 Maintenance and Review/Performance Evaluation

This BCP will be reviewed by the Agency Management Team annually or more often as required. Directors and Assistant Directors should use these reviews to satisfy themselves that Business Continuity arrangements are in place and working effectively. This will be an opportunity to review key, time critical services and strategies used to restore services. Reviews will also take place in the aftermath of an incident, with the BCP updated accordingly.

Any amendments should be notified to the Plan Administrator (PHA Operations Manager – tel: Irrelevant & Sensitive) and the revised BCP formally adopted by AMT and the PHA Board, with the updated BCP circulated as appropriate (see section 1.2: Table 2 Distribution Control and section 1.3: Location and Access).

Management will ensure any amendments required following exercise or review are implemented without delay and results of any review will be communicated to relevant parties, to allow appropriate action to be taken. Directors and Assistant Directors must ensure staff are kept up-to-date regarding Business Continuity and are informed of any changes affecting them and actions required.

Members of the Project Team meet regularly to discuss the Plan and ensure it is kept updated. Meetings also act as informal checks/internal audits of the Plan, with information being relayed to Directors and Assistant Directors regarding any concerns, ensuring any gaps are addressed – any changes required are taken into account and contribute to the revision of the BCP.

### 3.3 Exercising and Testing

**A BCP must be practiced regularly to ensure participants' ability to adapt, be decisive, command, co-ordinate and communicate – testing will ensure staff feel confident making sound, strategic decisions during a crisis.**

This BCP will be tested by means of a Desktop Exercise on an annual basis at an agreed point in the year. (A Desktop Exercise talks participants through each stage of an incident and response without actually undertaking the actions required). This will be carried out in a controlled environment lasting approximately 1-2 hours and will involve an unseen event to be managed by the Incident Management Team, using the latest BCP as a guide. This will involve an appropriate range of scenarios, test the responses laid out in the Plan and will ensure that the strategies in place are as up-to-date as possible in a constantly changing environment.

A review will be carried out following each exercise. Amendments will be made immediately and the outcome of the review communicated to interested parties for appropriate action through the Project Team, identifying any areas for improvement and outlining corrective actions taken.

#### 4.0 ACTIVATION PROCEDURES

##### 4.1 Notification of an Incident - Warning and Communication

Staff who have identified a potential Business Continuity incident should follow the steps below:-

- Immediately notify their Line Manager or an Assistant Director (who will communicate, as appropriate with an Assistant Director or Director)
- The relevant Director/Assistant Director will assess the situation against the provisions of this Plan and discuss with the Director of Operations/Chief Executive to determine the nature of the incident and level of Business Continuity response required, if any
- The Chief Executive, with the advice of the Director of Operations, will decide whether to activate the BCP and convene IMT if necessary. In exceptional circumstances, the Director of Operations may activate the BCP.

##### 4.2 Authority to activate the BCP

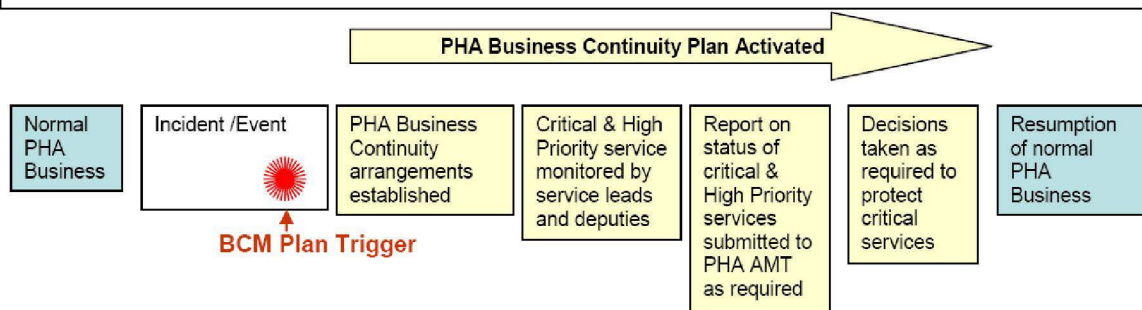
**The decision to activate the BCP will normally be taken by the Chief Executive, with the advice of the Director of Operations. In exceptional circumstances, the Director of Operations may make this decision.**

##### 4.3 Deciding when to activate the BCP

The decision to activate the BCP should be taken by the PHA Chief Executive, with the advice of the Director of Operations as soon as possible, **preferably within an hour or less of an incident occurring.**

NB: This decision may require, or be prompted by, discussions with fellow IMT members and/or other HSC colleagues, such as HSC Trusts and/or the Business Services Organisation and, in particular, the Health and Social Care Board (HSCB).

**The PHA BCP will be triggered in the event of a substantial incident which significantly impacts on or significantly disrupts the conduct of PHA business or the provision of its key, time critical services.**



#### 4.4 Examples of Activation

**An incident is defined as any situation which requires immediate, co-ordinated action and/or has a significant impact on the operation or reputation of the PHA.**

Incidents which could require BCP activation include natural causes (e.g. severe weather disruption) or manmade causes (e.g. terrorism, arson, industrial action). Cyber Security and events within the political arena, such as EU Exit are also likely to have an impact and should be taken into consideration when Business Continuity planning and during reviews of the Plan.

Generally speaking, these will involve a major disruption to any PHA building or staff group or to those external services upon which the PHA and/or its staff depend for provision of its services and day-to-day business.

**Examples** which could require the activation of the BCP are outlined below:-

- **Loss of utilities** (e.g. power, water, heat etc.) in a PHA facility (including sole PHA premises or where PHA is a tenant of HSCB or other HSC organisation);
- **Loss of a PHA facility** for example due to fire, flood, unacceptable health & safety issues etc;
- **Loss of all or a significant part of ICT system** (whether by deliberate cyber-attack, unintentionally or failure due to poor systems integrity);
- **Significant loss of staff** due to sickness or other disruption;
- **Public Health or similar emergency (e.g. Ebola, Swine Flu) which requires significant staff/resources to be re-assigned in one or more areas for more than a few hours** resulting in service continuity issues.

**Significant disruption** will be deemed to have occurred in the event of one or more of the following:-

- Disruption cannot be dealt with through normal operational procedures or local contingency plans
- One or more Priority 1 services cannot be maintained
- Existing contingency response arrangements are in danger of or have been overwhelmed
- A co-ordinated, PHA-wide response is required to deal with the disruption
- An issue is likely to cause more widespread disruption within other areas of PHA
- A major site accommodating multiple services is evacuated for a long period
- Widespread sharing and re-allocation of resources between services is required
- An initially small level of disruption, containable within normal operating procedures or local contingency plans, escalates into widespread disruption
- Prompt, co-ordinated action/invoking the BCP could prevent minor disruption from escalating into serious disruption
- A request is made by the Emergency Planning Team to invoke the BCP as resources/staff have been stretched following an on-going outbreak or widespread incident requiring resources/staff to be taken away from their normal duties for a time, affecting welfare or the provision of services.

## 4.5 The Impact of Directorate/Division Level Disruption

The possible events described above should manifest themselves in the following ways:-

- Loss of key staff/skills.
- Denial of access or damage to facilities, premises and/or vehicles.
- Loss of or restrictive access to vital records.
- Loss of critical systems/communications e.g. ICT, telephones, printers, e-mail, files and contact details.
- Loss of a key resource/major supplier.
- Service Level Agreements and Contracts not met.
- Services not provided or significant delays in progress.
- Reputation damaged.

The Impact Assessment Table overleaf indicates various levels of response appropriate to the nature and scale of the incident.

For the purposes of this Plan, incidents will have one of four levels of significance. The level will be decided by the Chief Executive and/or the Director of Operations (in discussion with the Incident Management Team (IMT) as appropriate). Typically, activation of the BCP will only occur if an incident is at Level 3 or 4, taking into account on-going business issues and the Maximum Acceptable Outage (MAO) – the longest time PHA can function without the affected service.

The PHA BCP will be activated in the event of a ‘Significant or Major’ Incident which significantly impacts on the conduct of PHA business. This may be an event which impacts on staffing availability, access to premises or availability of IT services/equipment. **The response will be commensurate with the level and scale of the incident.**

**Figure 3: Impact Assessment Table**

Incident Level	Definition	One or more of the following apply
1	<b>Minor Incident</b>	<ul style="list-style-type: none"> <li>• The incident is not serious or widespread and is unlikely to affect business operations to a significant degree</li> <li>• The incident can be dealt with and closed by local management and/or the Emergency Services</li> <li>• For noting and monitoring</li> </ul>
<i>Response/Action</i>		<b>Incident managed through normal operations or local contingency projects</b>
Incident Level	Definition	One or more of the following apply
2	<b>Minor Disruption</b>	<ul style="list-style-type: none"> <li>• Incident expected to be fully closed within 4 hours or MAO</li> <li>• Access to systems denied but expected to be resolved within 4 hours or well in advance of service MAO</li> <li>• One or a number of local contingency plans activated</li> <li>• Advice/further information required</li> </ul>
<i>Response/Action</i>		<b>Relevant Director advised - managed through normal operations or local contingency projects</b>



Incident Level	Definition	One or more of the following apply
3	<b>Significant Disruption</b>	<ul style="list-style-type: none"> <li>• Disruption cannot be dealt with through normal operations/local management</li> <li>• Access to one or more sites denied for more than 8 hours or service MAO</li> <li>• Access to systems denied and incident expected to last more than one working day (see MAOs)</li> <li>• One or more Priority 1 services cannot be maintained</li> <li>• Co-ordinated PHA wide response required</li> <li>• Definite repercussions across Directorates/services</li> <li>• Prompt response by IMT could prevent more serious disruption</li> </ul>
<i>Response / Action</i>		<b>Chief Executive and/or Director of Operations notified - Activate BCP</b>
Incident Level	Definition	One or more of the following apply
4	<b>Major Disruption</b>	<ul style="list-style-type: none"> <li>• Destructive loss of a major or multi-occupancy site</li> <li>• Major wide-scale incident in a geographical area affecting several services</li> <li>• Major disruption to business activities and repercussions</li> <li>• Contingency plans inadequate to deal with incident</li> <li>• IMT action and Emergency Leads contacted if required</li> </ul>
<i>Response / Action</i>		<b>Chief Executive and/or Director of Operations notified - Activate BCP</b>

## 5.0 ACTIVATION OF THE BUSINESS CONTINUITY PLAN

Once the decision has been made to activate the BCP, the Chief Executive and/or Director of Operations will **decide whether IMT should continue discussions by phone/teleconference or videoconference or meet formally.**

**NB: IMT may decide to meet jointly with the HSCB IMT at their Control Room in Linenhall Street, Belfast (Conference Rooms) or another location as appropriate (See Appendix 3).** Joint meetings will be chaired by either the Chief Executive, Director of Operations, or the Interim Head of Corporate Services (HSCB) depending on the nature of the incident/areas affected. Consultation will also take place, as required, with the Business Services Organisation (BSO).

Should administrative assistance be required, each organisation will act accordingly. The PHA Director of Operations or a designated member of IMT will **instruct the Administrative Support Team (AST)** to assist in setting up the relevant IMT Control Room or arranging teleconferencing/videoconferencing facilities (see paragraph 6.2) and taking notes as required.

Members of AST will be instructed to join IMT as soon as possible, or between 8am and 9am the next working day if the incident occurs outside normal working hours.

As part of the activation process, IMT will take the following steps:-

- Assess the situation and ensure that relevant Assistant Directors/deputies are kept informed.
- Instruct AST to assist/provide support/formal record keeping
- Instruct IMAT to convene or remain in contact as required
- Communicate with DoH, staff, suppliers and other interested parties (such as HSCB and BSO) as appropriate
- Instruct the Communications Team to convene as required
- IMT, IMAT, AST and the Communications Team (as appropriate) will maintain contact via conferencing facilities/attendance

The Chief Executive will be responsible for keeping the PHA Board and DoH informed of progress at frequencies to be agreed appropriate to the nature of the interruption.

**As an incident may change over time as information becomes available, regular reviews and assessments will be carried out by IMT so their response can be escalated or de-escalated as appropriate.**

#### **5.1 Control Centre for the IMT, IMAT, AST and Communications Team(s)**

**IMT should endeavour to hold initial discussions by telephone or by teleconference/videoconference, particularly where travel or access is inhibited.**

Meeting Rooms are available at each of the following locations and can be booked by AST using contact details at Appendix 3:-

- 4<sup>th</sup> Floor Meeting Room, 12-22 Linenhall Street, Belfast
- Conference Room or Meeting Rooms 1 and 2, Linum Chambers, Belfast
- Boardroom or Committee Rooms 1-7, County Hall, 182 Galgorm Road, Ballymena
- Room 222, Tower Hill, Armagh
- Seminar Room or Boardroom, Gransha Park House, 15 Gransha Park, Derry/Londonderry

**NB: For some alternatives to these meeting rooms (in/out of hours), see the Accommodation Section of Appendix 12.**

## 5.2 Roles and Structures

The scale of the structures and roles acquired by IMT and IMAT upon activation of the BCP will vary according to the nature of the BC incident, its complexity and duration. This includes whether it is a PHA-only approach or one where HSCB and/or BSO is involved.

Initially, IMT will be supported by AST, the Chief Executive's Office Staff in Belfast, unless an incident occurs elsewhere, in which case administrative support will initially be provided by personal assistants/secretaries in the relevant area.

Local Office Managers will provide initial direction and some assistance until relevant staff arrive.

Support will depend on the nature of the incident and the availability of staff at the time.

## 5.3 Incident Management Team (IMT)

The key IMT Objective is to:-

“Provide strategic direction and leadership to all Business Continuity and related Teams to implement all necessary plans and actions to restore the PHA to normal operating conditions, ensuring minimum impact to PHA reputation”.

IMT will oversee the management of an incident on every level from the activation of the BCP, through decision-making to recovery.

Depending on availability, the timing of the incident and on-going work priorities, membership of this and other Teams may vary, with nominated Deputies standing in as required, or if any sitting member of IMT is unavailable for more than 2 hours during an incident.

The nominated Deputy will report to the IMT Control Centre for instructions and tasking as soon as possible after being contacted.

## 5.4 IMT Membership & Deputies

The Incident Management Team will be chaired by the Chief Executive, alongside the following Directors as core members.

Administrative / secretarial support will be provided as previously outlined.



## Incident Management Team (IMT) Membership & Deputies

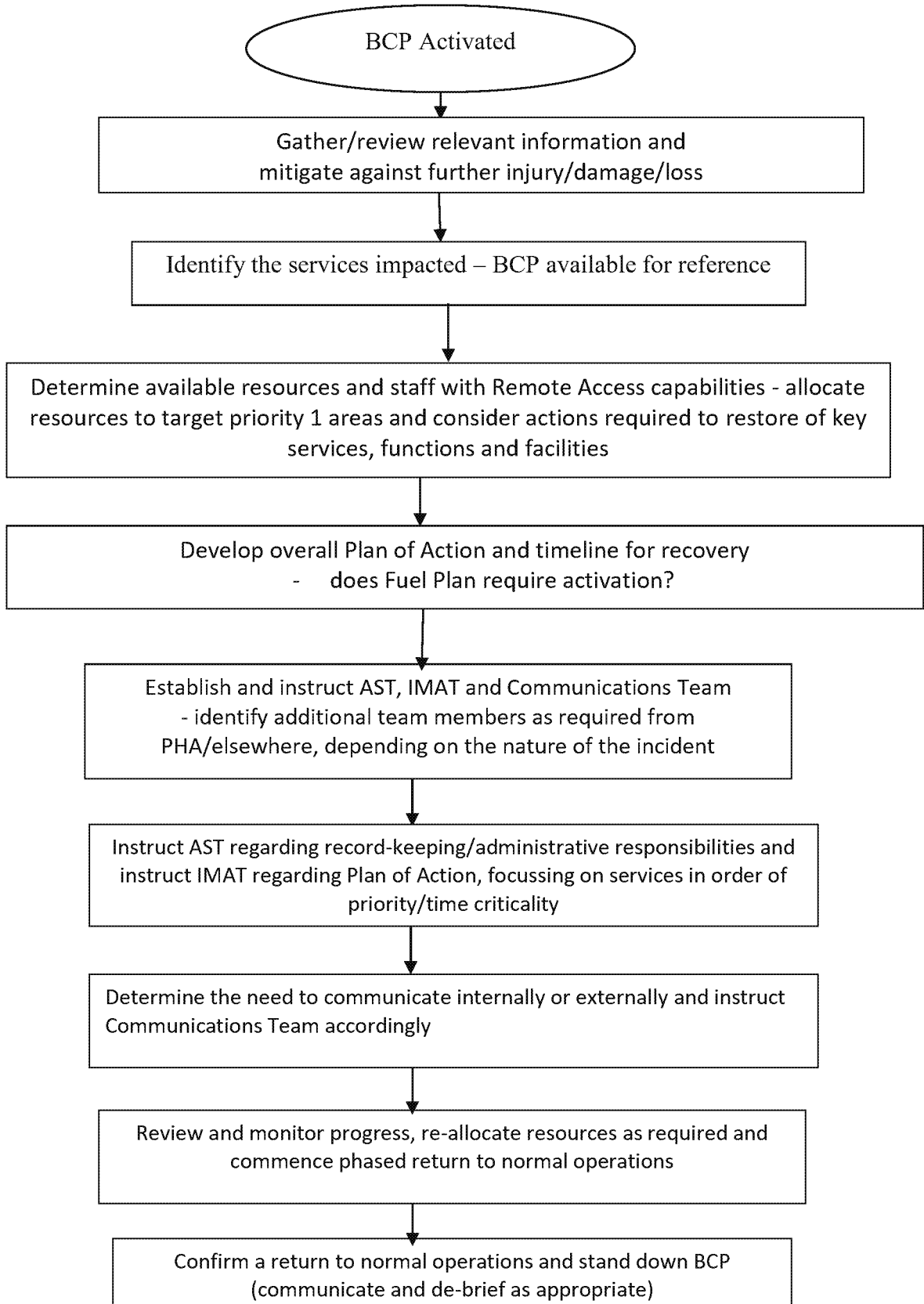
Member	Title	Role	Deputy
Valerie Watts	PHA Chief Executive	<ul style="list-style-type: none"> <li>- Overall Decision Maker</li> <li>- Contact Person for Assembly /DOH</li> <li>- Approve expenditure</li> </ul>	Name Redacted
Ed McClean	Interim Deputy Chief Executive and Director of Operations, PHA	<ul style="list-style-type: none"> <li>- IMT Chair</li> <li>- Decision Maker</li> <li>- Approve expenditure</li> </ul>	<div style="border: 1px dashed black; padding: 2px;">Name Redacted</div> <div style="border: 1px dashed black; padding: 2px;">Name Redacted</div>
Adrian Mairs	Interim Director of Public Health/Medical Director, PHA	<ul style="list-style-type: none"> <li>- IMT Member</li> <li>- Decision Maker</li> <li>- Approve expenditure</li> <li>- Health Protection Liaison</li> </ul>	<div style="border: 1px dashed black; padding: 2px;">Name Redacted</div> <div style="border: 1px dashed black; padding: 2px;">Name Redacted</div>
Briege Quinn	Interim Director of Nursing, Midwifery and Allied Health Professions, PHA	<ul style="list-style-type: none"> <li>- IMT Member</li> <li>- Decision Maker</li> <li>- Approve expenditure</li> </ul>	<div style="border: 1px dashed black; padding: 2px;">Name Redacted</div>
Paul Cummings	Director of Finance	<ul style="list-style-type: none"> <li>- Approve</li> <li>- Monitor expenditure</li> </ul>	<div style="border: 1px dashed black; padding: 2px;">Name Redacted</div>
Aideen Keaney	Director of Quality Improvement	<ul style="list-style-type: none"> <li>- IMT Member</li> <li>- Decision Maker</li> </ul>	<div style="border: 1px dashed black; padding: 2px;">Name Redacted</div>

**IMT membership may also include HSCB, BSO and other participants, depending on the nature of the business continuity incident.**

## 5.5 IMT Responsibilities

Figure 4 overleaf illustrates the roles and responsibilities of IMT during an incident, outlining general steps which may be followed.

**Figure 4: IMT Roles and Responsibilities**



## 6.0 INCIDENT MANAGEMENT ACTION TEAM (IMAT) AND ADMIN SUPPORT TEAM (AST)

### 6.1 Incident Management Action Team (IMAT)

IMAT will be responsible for co-ordinating and implementing the actions agreed by IMT, to ensure service continuity can be maintained or recovered during an incident, through to the restoration of normal operations, with minimal impact to welfare and PHA reputation.

Core IMAT Members are listed below:-

Name	Title/Role	Responsibilities to include
Rosemary Taylor Deputy Karen Braithwaite	Assistant Director of Planning and Corporate Services	Co-ordinating IMAT Liaising with/instructing AST as appropriate.
Stephen Wilson Deputy Gary McKeown	Assistant Director of Communication and Knowledge Management	Identifying and prioritising key interested parties (liaising with Director of Operations); leading/maintaining communication with employees/interested parties and providing safety/external briefings as appropriate.
Name Redacted	Emergency Planner Emergency Planner	Linking with Emergency Services and with Emergency Preparedness Team.
Name Redacted	Health Protection	Providing Public Health and Health Protection advice; linking with colleagues within Public Health and across the wider HSC as appropriate.
Name Redacted	Site Liaison Representatives	Site evacuation (inclusive of internal 'shelter at site' activities) and dealing with facilities related matters.
Deirdre Webb Michelle Tennyson	Assistant Director (Nursing) Assistant Director (Allied Health Professions and Public Involvement)	Coordination, provision of Nursing advice and liaising with colleagues across the Nursing Directorate/wider HSC.

Mark Roberts	Clinical Director (HSC QI Hub)	Coordination and liaising with colleagues across HSC QI.
Name Redacted	BSO ITS Manager (if required)	Provision of IT information/assistance/resources.
Paula Smyth  Deputies Patrick Hanna	BSO HR Director (if required)  Assistant Director	Provision of HR information and advice.
Name Redacted	HR Business Partner	
Wendy Thompson	Assistant Director, Finance	Provision of financial information and advice.

IMAT and IMT will maintain close lines of reporting throughout any incident.

**PLEASE NOTE: Full membership of IMAT will be confirmed by IMT depending on the nature of the incident.**

**In some circumstances, IMAT may act as a virtual group maintaining contact using telephone/videoconference facilities. In the majority of situations, IMAT will include colleagues from outside PHA.**

## 6.2 Administrative Support Teams (AST)

Once the BCP has been activated and IMT and IMAT established, administrative support will initially consist of the PHA Chief Executive Office/Board Secretariat staff (or Local Office Managers), with IMAT members supported by their own administrative staff. This may vary if other organisations are involved.

**A core list of AST members is outlined overleaf.**

Each member will hold a specific role, including the documentation of all movements and activities (as instructed by IMT) and maintenance of the Incident Logbook, held in the Control Centre.

AST have received initial training and members will receive a detailed briefing, and instructions and guidance in advance/at an early stage during an incident.

Administrative Support Team Pool	Role
Name Redacted	Co-ordinate, manage and provide guidance and assistance to AST.
	Monitor telephone calls and e-mail queries; Keep accurate notes of decisions made and actions taken throughout the incident; Maintain Incident Logbook and provide general administrative support to the IMT and IMAT; Liaise with and pass instructions and information between IMT/IMAT/Communications Team/others as required.
	Arranging meetings/facilities and providing additional administrative support as required by IMT/IMAT.

## 7 BCP: ACTIONS AND RECOVERY STAGES

The following steps should be taken as the incident progresses. Key elements are also outlined in the standard **IMT Agenda** at Appendix 8. The approach to be adopted will cycle through the stages of:

- Assessment,
- Prevention,
- Preparation,
- Response and
- Recovery.

The aim is to manage the incident through all applicable stages.

The following is an indicative list which IMT and IMAT members should use as a checklist for handling a business continuity incident. This should be modified as appropriate, reflecting the unique circumstances of each continuity situation.

<u>Stage</u>	<u>Checklist Action</u>	<u>Who</u>	<u>Time and Date</u>
1 <b>Pre-activation</b>	Initial discussions with Director of Operations, HSCB and BSO colleagues (Chief Executives/Directors) and other HSC colleagues as appropriate.	Chief Executive, Director of Operations	Day 1 Hour 0-1
2	<b>Determine whether to activate BCP / whether jointly with HSCB/BSO - communicate nature of incident to IMT.</b>	Chief Executive, Director of Operations	Day 1 Hour 0-1

<b>Stage</b>	<b>Checklist Action</b>	<b>Who</b>	<b>Time and Date</b>
3 <b>BCP Invoked</b>	Instruct AST to attend/provide assistance as required (initially take personal notes if possible).	IMT/Director of Operations	Day 1 Hour 0-1
4	Communicate nature of incident with IMAT and instruct as appropriate	IMT	Day 1 Hour 0-1
5	Arrange conferencing facilities and/or set up Meeting Room - ensuring it is available and fully equipped.	AST	Day 1 Hour 0-1
6	Instruct IMT and IMAT regarding meeting times/venues (or provide conferencing information).	Director of Operations/ A/D Operations/ AST	Day 1 Hour 0-1
<b>Assessment</b>			
7	Consider information to date Assess situation/damage and welfare of staff/visitors on site Assess level of incident Identify service(s) affected.	IMT (and IMAT)	Day 1 Hour 1
<b>Prevention</b>			
8	Mitigate against further risks/expansion of incident	IMAT	Day 1 Hour 1
<b>Preparation</b>			
9	Identify and review priority services and MAOs/RTOs - check situation at <u>all locations</u> potentially affected– identify and confirm Priorities for Recovery – does Fuel Plan requires activation?	IMT	Day 1 Hour 1
10	Consider and target resources required for incident management and recovery of key services.	IMT	Day 1 Hour 1 and on-going
11	Plan/outline the activities and resources required against a timeline to return to normal service levels.	IMT	Day 1 Hour 1
<b>Response</b>			
12	Instruct IMAT re strategies and plan of action.	IMT	Day 1 Hour 1
13	Commence actions as instructed by IMT (monitoring timelines/priorities) – instruct/provide directions to managers as necessary.	IMAT	Day 1 Hour 1-2



<u>Stage</u>	<u>Checklist Action</u>	<u>Who</u>	<u>Time and Date</u>
14	Identify staff with Remote Access and instruct/request IMAT to ensure relevant staff work from home/return home/relocate.	IMAT	Day 1 Hour 1-2
15	Maintain log of meetings, decisions, actions and directions taken by IMT/IMAT – include a record of any expenditure incurred if possible <b>(See Appendix 9 – IMT Meeting Notes template).</b>	AST	On-going, once convened
16	Set up Communications Team/Spokesperson and identify roles/actions.	IMT/IMAT	Day 1 Hour 1-2
17	Instruct Senior Managers as appropriate and agreed by IMT	Communications Team	Day 1 as required
18	Provide regular updates to IMT (maintain communication).	IMAT	As required /instructed
19	Request <b>A/D briefings</b> (template at Appendix 6) re current priorities/anticipated issues/areas requiring resources.	IMAT, Assistant Directors (or nominated Deputies)	Day 1 within 2 hours and each day by 9am
20	Initiate formal communication re disruption (as appropriate/instructed by IMT) - Issue initial advisory email/ABC update to all staff/interested parties (see Section 12) - Use pre-agreed briefings.	Assistant Director of Communication and Knowledge Management	Day 1 Hour 3 and on-going
21	Monitor the situation and potential for escalation - liaise with Emergency Planning Team.	IMAT	As required
22	Continue to review the incident and ensure optimal use of staff and resources – schedule rotas if required.	IMAT/IMT	On-going
23	Provide updates to PHA Board, Chairman and DoH.	Chief Executive	As agreed/ appropriate
<b>Recovery</b>			
24	Monitor recovery - confirm quantity and quality of normal service levels returned.	IMAT, Assistant Directors	Once reached/via daily reports

<b><u>Stage</u></b>	<b><u>Checklist Action</u></b>	<b><u>Who</u></b>	<b><u>Time and Date</u></b>
25	Maintain communication with staff and interested parties.	Communications Team/Lead /Spokesperson	Regular/as necessary
26	Confirm staff welfare and requirements throughout the recovery period.	IMAT(with HR)	On-going
27	Identify any tasks that can be handed over to other staff or agencies in the consolidation phase.	IMAT, Managers	Day 1-2, on-going
28	Ensure all relevant logs and data regarding the interruption are captured and safely stored.	AST	On-going
29	Inform IMT that normal services have been resumed.	IMAT	As soon as possible
30	Plan for de-escalation.	IMT	As required
31	Inform staff and interested parties as appropriate.	Communications Team/Lead	Regularly/ On-going – every 2 days
<b>Resumption</b>			
32	Following consideration of progress reports and ad hoc communications with Directors/Assistant Directors/Senior Managers, decide and direct that BCP be stood down.	IMT/Chief Executive/ Director of Operations	As necessary
33	Stand down the IMT Room.	Chief Executive and/or Deputy Chief Executive, Director of Operations	Once normal services are resumed
34	Conduct a formal de-brief of the interruption and of the implementation of the BCP to IMT/IMAT.	Chief Executive	Within 2 -3 days of resumption
35	Cascade updates to all staff/interested parties.	IMAT/ Communications Team	Within 2 -3 days of resumption



<u>Stage</u>	<u>Checklist Action</u>	<u>Who</u>	<u>Time and Date</u>
36	Attend de-briefing to review the incident, timescales and actions taken towards recovery, capturing key points for future learning.	IMAT, IMT	Within 2 days of normal services are resumed
37	Ensure the continued provision of appropriate welfare and support to staff (liaising with HR as appropriate).	IMAT	On-going, after recovery
38	Update the BCP and roll-out revised version.	Plan Administrator, on the instruction of IMT, IMAT	After Recovery and de-briefing

## 8 STANDING DOWN OF THE BCP

The following steps are required to stand down the BCP:-

<u>Stage</u>	<u>Checklist Action</u>	<u>Who</u>	<u>Time and Date</u>
1	Determine that the BCP should be stood down as normal working is resumed.	Chief Executive and/or Director of Operations	Once normal working resumed
2	AMT, PHA Board and staff informed that the BCP is to be stood down.	Chief Executive, /Director of Operations/ Communications Team/Lead	Once normal working resumed
3	Confirm to all staff/interested parties that the interruption/ incident has ended and/or alternative and appropriate working arrangements have been put in place to enable 'normal' working – via ABC/Connect/PHA Website/cascade lists/otherwise.	Directors, Communications Team/Lead	Once normal working resumed

4	Communicate stand-down to any other interested parties / third parties as appropriate.	Communications Team/Lead	Once normal working resumed
5	Review lessons learned and communicate results to interested parties, via Project Team, or appropriate action.	IMT, IMAT	Once normal working resumed
6	BCP updated accordingly and revised version rolled out.	Plan Administrator	ASAP and once approved by AMT
7	Remind staff of the importance of BCM, their role and contribution.	All Managers	Regularly

## 9 RESOURCE PROFILE FOR IMT/IMAT INCIDENT CONTROL ROOM

Resource Required	Details
A copy of the BCP	Hard copies available in each Control Room – with restricted Contact Details (individual copies with IMT).
Network Points	The Control Room will have at least 1 network point and 1 live port with an adjoining room/nearby for those providing administrative support/communication. These will allow telephone and internet connection using the VOIP system.
Chairs/tables	The IMT Control Room has a Conference Table with a minimum of 5 Chairs – meeting rooms available in each alternative site, with a table and a sufficient number of chairs.
Whiteboard, flipchart, pens	AST will make available in each room as required.
Stationery	Internal stationery supplies will be utilised in the short term.
Radio/TV	This will be facilitated via Internet and/or a portable radio/television being made available as appropriate.
Phones	For each telephone point, a handset will be available.

Laptops/mobile phones	IMT/IMAT members and relevant senior managers will, where necessary, use their laptops and carry their mobiles for Internet Access and communication purposes.
Photocopiers and printers	MFD Printers/Photocopiers scattered around the various sites – IMT and IMAT needs will be given priority.
Videoconferencing	Available at each site and can be used as necessary by IMT/IMAT (see Appendix 12).

**NB: For the purposes of Business Continuity only, IMT/IMAT requirements will take priority over other activities and IMT/IMAT may need to commandeer phones/PCs across various sites.**

## 10 INCIDENT LOGS

**The importance of record-keeping during an incident is of vital importance.** Records should be kept by all members from the outset and these should be as accurate as possible in the circumstances to ensure transparency of decision-making and facilitate briefings and a recap of events as soon as IMT convene.

Whilst it would be ideal that complete records of an incident be documented at the time of the event, this is not always practical. **AST must be instructed by IMT to begin recording information, with guidance provided regarding format and level of detail required** (see templates provided at appendices 7, 9 and 10).

AST will document all IMT/IMAT decisions, movements and activities throughout the incident for retention in the **Incident Log File** held in the Control Room (decisions log at Appendix 7), also prompting IMT and IMAT regarding timely updates due to staff and interested parties.

Members of the IMT, IMAT and Senior Management should endeavour to **keep brief records of all telephone calls, discussions and decisions made during an incident** should these become necessary for reference purposes or to be included in the Incident Log File.

The Incident Management Team Meeting Notes Template, at Appendix 9, should be used by IMT and IMAT as appropriate to record events discussed and decided upon during their meetings.

**The IMT Chair will be asked to sign off records periodically.**

**NB: Records should also be kept of expenditure, where possible, preferably using the template attached at Appendix 7.**

**All elements of Business Continuity Management and procedures must be maintained, controlled and stored appropriately.**

## 11 SUBMISSIONS FROM ASSISTANT DIRECTORS

In the event of a Business Continuity incident, PHA Assistant Directors (or nominated deputies) will be required to submit a **daily report** using the template at Appendix 6. Only one report should be completed per Directorate.

These submissions will be assessed by IMT and IMAT and utilised to make decisions regarding key work priorities during an incident, to ensure that resources and activities have been directed to the most appropriate service/area. These should highlight the key activities/projects currently underway, any key points of interest and the consequences of failing to complete these activities, as well as detailing any staff/groups who might be involved/available to assist the IMT/IMAT.

**Submissions, if requested, should be forwarded to IMT within an hour of an incident being declared and, unless otherwise instructed, by 9am each morning after the incident.**

## 12 COMMUNICATIONS

### 12.1 Core Communications/PR Team

Member	Title/Role
Stephen Wilson	Assistant Director of Communications and Knowledge Management; Communications Lead and IMAT member  Action – identify/confirm meeting venue for Communications Team following discussions with Director of Operations - instruct staff to meet/join by phone/teleconference or videoconference  Arrange communication with staff and interested parties
Name Redacted	Senior Communications Manager
	Communications Manager (Corporate and Public Affairs – including PR)
	Communications Manager (Public Information Campaigns)
	Communications Manager (Publications)

This Team should meet at the request of IMT/IMAT and convene in an office nearby or join by tele/videoconference. Under the direction of the Communications Lead, this Team may need to commandeer nearby offices to begin making necessary arrangements for communication with staff/interested parties/the Public. The Communications Lead is Mr Stephen Wilson, Assistant Director of Communications and Knowledge Management.

**Until separate venues are sourced, with PCs/laptops, Internet connections and television/radio availability to ensure the Team can keep abreast of media developments, members of the Team may be able to assist using remote access.**

***NB: Outside Office Hours, the PR Team may be contacted on their dedicated PR line (Irrelevant & also see Appendix 12 for contact details).***

## **12.2 Communication with the Media**

Should a Business Continuity Incident be so widespread as to require urgent communication with the Public or PHA interested parties, a notice outlining the Public Health Agency's alternative arrangements/contacts will be disseminated via the PHA corporate internet site ([www.publichealth.hscni.net](http://www.publichealth.hscni.net)) and/or via the PHA's social media channels.

The Communications Team will use their contacts (included in Appendix 12) to liaise with the Media, providing information agreed by IMT and requesting assistance if necessary, for example, to relay information to staff and/or the Public.

ALL communication with the Media MUST be channelled through the Communications Lead/Communications Team – guidance will be provided as appropriate.

## **12.3 Communication with Staff**

In order that communication channels are kept open between management and staff, the first point of contact (during office hours) will normally be Assistant Directors and/or Office Managers in each area. If an incident occurs outside of normal working hours, staff may check the **Agency Business Continuity** section of the Website - [www.publichealth.hscni.net/abc](http://www.publichealth.hscni.net/abc) for updates.

Assistant Directors/Office Managers will receive updates and instructions from IMT and IMAT (using pre-agreed templates), which they can relay to staff by phone/mobile/email as appropriate.

IMT may, on occasion, need to refer to next-of-kin/personal contact information held by Human Resources – all staff must ensure this is kept up-to-date.

**Although the actual content of messages will be determined at the time of the incident, the following details should be included:-**

- That, until further notice, the affected area/floor of the building, in part or whole, is inaccessible and staff should leave the premises in an orderly fashion using Fire Escapes (lifts should not be used), securing/taking with them any laptops/mobiles/ contact details, depending on the situation.
- **Staff are to be reminded that under no circumstances should they make any statements to the Media.** ALL COMMUNICATION must be channelled through the Communications Lead/Team.
- Staff to be reminded of the importance of adhering to Emergency Services instructions and maintaining a safe distance from any cordons, not returning or trying to enter the building for work purposes or to retrieve personal/business items unless permitted to do so.
- Assistant Directors/nominated Senior Managers to be reminded to submit daily reports, outlining details of current Directorate activities/priorities to enable IMT to make an informed decision regarding priorities/resources.
- Staff should remain available and contactable via work mobiles (or personal mobiles/email if they have made this information available). Updates will be provided regularly as appropriate via the ABC section of the **external** PHA Website [www.publichealth.hscni.net/abc](http://www.publichealth.hscni.net/abc) and on the PHA Intranet Site – Connect <http://connect.publichealthagency.org/> – staff to be advised to check these regularly.

#### **12.4 Communication with Customers and interested parties**

In order that communication channels are kept open between the PHA, interested parties and colleagues across HSC, updates may be made uploaded (remotely if necessary) onto the PHA Website (<http://www.publichealth.hscni.net/>) and/or provided directly by the Communications Lead (the Assistant Director of Communications and Knowledge Management), where incidents last beyond a few days. A contact person may also be appointed depending on the situation and duration of the incident.

### **13 STRATEGIES**

A large number of potential strategies for deployment when dealing with interruptions to business were considered and agreed by AMT in the Business Impact Analysis (BIA) Report.

These strategies are not exhaustive but are the most likely options and have been listed against possible tactics for IMT at Appendix 1.

**A list of resources required per service is included at Appendix 11 of the Corporate Business Continuity Plan.**

## **14 EQUALITY AND HUMAN RIGHTS CONSIDERATIONS**

This Business Continuity Plan has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping. This plan will therefore not be subject to an Equality Impact Assessment.

The plan has also been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

The Business Continuity Plan will be included in the PHA's Register of Screening documentation and maintained for inspection whilst it remains in force.

This document can be made available on request in alternative formats and in other languages to meet the needs of those who are not fluent in English.



## Priority Services, Strategies & Tactics

## Appendix 1

The tactical arrangements for the implementation of the chosen strategies are as follows:- these should be actioned by IMAT and have been colour coded in terms of Priority.

### Definitions:-

**Maximum Acceptable Outage (MAO)** - the maximum amount of time that the organization can continue to function without its key products or services before the impact is deemed unacceptable and viability is threatened (the “point of no return”).

**Recovery Time Objective (RTO)** – the target time for resuming the delivery of a product or service to an acceptable level following disruption (full service or phased return).

Priority 1 Services – MAO of up to 24 hours				
Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
<u>Doctors' On Call Service</u> (providing cover and advice on Health Protection Emergencies across NI e.g. outbreaks, disease)	12	1	Contact 2 <sup>nd</sup> On Call; Refer to ICT Use pagers/mobiles /paper back-ups; Contact NIAS Control Room; Use Remote Access; Re-locate to another site	<u>Immediately</u> NIAS contact second On-Call (and third and so on) using regularly updated, cascaded contact list  <u>Within 20-30 minutes</u> Alert ICT to resolve technical problems; NIAS alerted to any communication issues (should they need to implement their own BCP); PHA staff engage support from SpRs and other Public Health Medicine Consultants as required  <u>After 1 hour</u> Use pagers/alternative contact details (rota cascaded to various groups including CMO/Cross Border); Use pagers/mobiles/e-mail etc. to contact On-Call Doctors to advise re any unexpected changes/on-going problems;

Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
				<p>First and second On-Call Doctors currently use Remote Access/Laptops and mobiles/pagers– provide access to PCs on alternative site(s) if necessary;  Contact Trusts to ensure any possible outbreaks are identified/communicated early, investigated and managed thoroughly;  Relocate key staff to a nearby alternative site if necessary, sharing desk space/equipment as appropriate (some Remote Access working/sent home);  Use PCs already set up/share equipment in each site and bring laptops in case Remote Access is required;  Use Standard Operating Procedures (SOPs).</p>
<u>Heath Protection Duty Room</u> (providing advice and support by phone/email/fax to all HSC professionals on all Health Protection Issues/emergencies - during working hours)	12	1	Dynamic risk assessment conducted by Operations Division for the unfolding incident (involving HP AD / nominated representative) will inform HP tactics and level of response.	<p>In the event of power failure, IT issues/VOIP telephone system going down the tactics/level of response are:</p> <p><u>ASAP or within 30 minutes and for 1 day:</u></p> <ol style="list-style-type: none"> <li>The Duty Room landline number <b>Irrelevant &amp; Sensitive</b> will be automatically diverted to the Duty Room mobile number <b>Irrelevant &amp; Sensitive</b> this will enable staff to receive calls and action as required. The Duty Room mobile has also been configured to the Duty Room email account. <ul style="list-style-type: none"> <li>Duty room Administrative staff will confirm HP Consultant/Nursing staff availability in other PHA locations <i>in preparation for move to next level tactic below</i> IF NECESSARY i.e.... <ul style="list-style-type: none"> <li>If workload/Calls increase/High Volume calls</li> <li>If incident further Risk Assessed as long duration, or</li> <li>If the blackberry should fail ...</li> </ul> </li> </ul> </li> </ol>

Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
			<p>Involve range of staff trained across sites;  Refer to Standard Operating Procedures (SOPs);  Massive outbreaks – consider invoking Emergency Operations Centre (EOC) with HSCB;  Consider establishing Back-Up Duty Room in HSC outside Belfast;  Access HP Zone remotely;  Re-locate key staff</p>	<p>2. Duty consultant contacts IT Support on Irrelevant &amp; Sensitive and ask them to divert the Duty Room number Irrelevant &amp; Sensitive to a number in Ballymena, Armagh or Gransha until the issue is resolved. This divert will be confirmed at the time of the incident dependent on the findings of bullet point 2 above i.e. the availability of suitable HP staff in either Ballymena, Armagh or Gransha.</p> <p><i>HP Duty Room Continued....</i></p> <p>3. <u>After further dynamic risk assessment and/or after 1 day:</u>  Relocate key staff (Consultant, Nurse and Deputies) to Back-Up Duty Room in County Hall, Ballymena (SEE INSTRUCTIONS BELOW);</p> <ul style="list-style-type: none"> <li>▪ A/D informs senior staff that 'back-up duty room in Ballymena office is to be activated.</li> <li>▪ Ballymena office set-up procedures to be followed</li> <li>▪ Duty room staff use home-working/Remote Access/mobiles/e-mail/pagers in the alternative location in order to provide acute response Duty Room service</li> <li>▪ Hard copy back-ups of key information e.g. HP Zone completion forms, contact details and SOPs need to be available in new location (G Drive/ hard copies on 4<sup>th</sup> floor, Linenhall Street, Belfast).</li> </ul> <p>Return to normal working to be confirmed by A/D in HP.</p>



**GUIDANCE :- Alternative Health Protection Base (HP Duty Room service +/- Duty Room Staff)**

The requirement is for situations when the Duty Room in 12-22 Linenhall Street is not operational and formal Business Continuity arrangements are required. This does not relate to the establishment of an Emergency Operations Centre. **The alternate Duty Room may be either virtual, with the calls moving to another facility (tactic level 2 above) OR the actual room will be set up in Ballymena (tactic level 3 above).** It will be operational Monday – Friday 9am-5pm ONLY and will be in place for no longer than is necessary to enable Health Protection staff to adequately and safely resume activities in the main Duty Room in 12-22 Linenhall Street.

***Establishing the alternate Duty Room in Ballymena***

The alternate Duty room in Ballymena will be staffed by those medical, nursing and administrative staff involved in operating the Linenhall Street Duty Room and activities would move to the alternate location. Transfer from Belfast to include laptops held by medical and nursing staff with access to HP Zone.

Please note Regular dynamic risk assessments of the situation regarding the likelihood of the Duty Room becoming operational will be made in conjunction with Operations Directorate. If it is judged that, on balance, it is likely that the disruption will go beyond a significant period, the Duty Consultant, with reference to the A/D Health Protection or Director Public Health, will invoke these HP Business Continuity measures.

**GUIDANCE:- Alternative Health Protection Base (Continued.....)**

Once business continuity measures have been activated in HP and a decision is made to relocate to alternative facility the Duty Consultant will alert the following officers of the need to put in place the alternate Duty Room:

- PHA Chief Executive & Directors
- NIAS and Trusts

HP Nurse Consultant to ensure telephone messages are adapted to suit and telephones operational  
HSCB as Landlord will endeavour to facilitate those meetings which may be displaced in other locations.  
DDIs into Linenhall Street to be transferred to the direct lines into the boardroom County Hall Duty Room.

Dedicated cabinet in PHM County Hall to contain Standard Operating Procedures (SOPs), Phone Numbers/Contact Details, spare docking station for laptops. Multi-Functional Device in PHM to be prioritized for use in Duty Room.

Duty Consultant to alert INFRA of move of Duty Room with request to prioritise any support requirements and confirm with HSCB Corporate Services Manager that access to County Hall is not required out-of-hours.

***Standing down the alternate Duty Room in Ballymena***

Duty Consultant to determine with reference to A/D HP and/or DPH.

Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
<p><u>HP Zone</u> (24/7 UK wide, Web Based Health Protection incidents information database - used by HSC professionals and interested parties)</p>	12	1	<p>Refer to SLA with ICT and contact external server; Use SOPs; Use paper back-ups; Divert calls; Use Remote Access; Set up back-up Duty Room outside Belfast if long-term/server lost</p>	<p><u>Within 30 minutes</u> Contact ICT to recover HP Zone/resolve technical issues; Access remotely from another/local HSC Site using Laptops/PCs; Other staff called in to cover, refer to SOPs; Use paper back-ups to maintain short-term record keeping.</p> <p><u>After 30 minutes</u> Relocate key staff/establish back-up Duty Room in County Hall, Ballymena – request IT assistance; Use Remote Access/key staff work from home and retain contact via mobile/landlines; Senior managers/key staff use own/others' laptops if buildings inaccessible/use PCs on alternative site(s).</p>
<p><u>Public Relations</u> (for compilation/ dissemination of important/urgent health messages to Public, interested parties and Media)</p>	12	1.5	<p>Contact ICT; use other means of communication; Use Remote Access; Re-locate key staff; Train other staff to provide cover</p>	<p><u>Within 2 hours</u> Maintain minimum service using stretched resources; Re-prioritise and ensure most essential communication functions are carried out by key staff (use alternative communication media); Request ICT assistance; Use other means of communication such as mobiles/e-mail/landlines/pagers; Senior staff use Remote Access/laptops to work from home/alternative site(s); Inform key interested parties affected of delays/disruption; Defer non-urgent work.</p>



Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
				<p><u>After 2 hours</u>            Senior staff use Remote Access/laptops/local PCs, some staff sent home; Re-locate key staff to alternative site – Belfast/ /Armagh/Ballymena initially as available;            Train other staff to provide on-going cover/rotas (long-term);            Communicate with DOH and interested parties re delays, provide updates to Public via alternative methods such as other Media/HSC Colleagues/telephone etc.;            Provide updates to key interested parties regularly/as appropriate.</p>
Activation of Community Response Plan (CRP)	12	4	<p>Use available methods of communication; (e-mail/telephone/mobile); divert calls to mobiles as necessary;            Use Remote Access;            Designate key staff to disseminate urgent information to appropriate parties</p>	<p>Up to 4 hours</p> <p>Ensure Community Response Plan protocol is followed regarding communication and actions relating to support services;            Contact HSC Trusts to ensure any possible suicide clusters are identified early, investigated and managed thoroughly (and to allow for HSCT implementation of their own BCP if necessary);            Alert Community and Voluntary sector to advise of potential delay in the flow of information;            Alert ICT to resolve technical problems; and            Apply voluntary rota for senior staff in Health and Social Wellbeing Improvement as necessary.</p> <p>After 4 hours</p> <p>Provide status update to appropriate parties            Maintain reprioritisation of non-urgent areas of business            Ensure media requests are directed to via Corporate and Public Affairs division within a reasonable timeframe            Seek method of recovery prior to MAO period (12 hours).</p>



Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
<u>Internal Communications</u> (of important/urgent messages across all PHA sites using email/Connect/phone)	12	4	Use alternative means of communication (e-mail, phone, mobile, videoconferencing); Re-locate key staff; Stretch resources, use skeleton staff; Divert calls to mobiles; Train other staff to cover; Designate key staff to disseminate urgent information	<u>Up to 4 hours</u> Maintain contact with/advise PHA Staff using alternative means, e.g. e-mail/phone/videoconference/Website if ICT unavailable or building inaccessible; Raise awareness across PHA using Connect or via Directors/Assistant Directors; Request assistance from ICT; Prioritise urgent messages; defer or accept some delays; Senior Communications Manager act as initial contact for urgent messages.  <u>After 4 hours</u>  Key staff maintain service by working from home using alternative site(s)/laptops/Remote Access/other PCs Relocate key staff, senior staff continue to work from home until service resumed; Request other staff to cover using hard copy information/SOPs on Connect; Provide regular updates to AMT and staff; Designated key staff/managers disseminate urgent information using alternative methods until problem resolved; Confirm key communication needs of senior management on a regular basis – appoint Contact Person or Spokesperson.

Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
Operational role of co-ordinating and communicating across local offices - and with BSO and HSCB.	12	4	<p>Other/senior staff cover;            Stretch resources; share workload;            Re-allocate duties/priorities; use Remote Access, mobiles; hard copies, contact lists;            Liaise with Suppliers to resume asap;            Re-locate key staff;            Maintain contact with external bodies via mobiles/email to raise awareness;            Provide training to reduce Single Points of Failure;            Use SOPs;            Use alternative premises for key staff;            Ensure others' BCPs are in place/instruct use</p>	<p><u>Up to 4 hours</u>            Re-allocate less urgent duties to staff in other sites;            Restrict some services</p> <p>Refer to procedure on Connect (hard copies of these procedures should be held in each office) e.g.</p> <ul style="list-style-type: none"> <li>• Answering phones</li> <li>• Logging IT faults</li> <li>• AMT / Board submissions</li> <li>• Booking venues / car parking</li> </ul> <p>Maintain communication by phone/mobile/e-mail/videoconferencing;            Communicate with interested parties (normally Directors) re delays, provide regular updates – appoint a contact person;            Remote working for key staff using laptop/mobiles/home working;            Contact ICT to resume e-mail/services online/recover access to G Drive/other            Revert to hard copy files and contacts as necessary.</p> <p><u>After 4 hours</u>            Relocate key staff to another premises to maintain a minimum service;            Liaise with suppliers/landlords/3<sup>rd</sup> parties to resume services asap;            Communicate, re-arrange/cancel meetings as necessary;            Re-prioritise workload            Ensure others' BCPs are in place and instruct use as necessary.</p>



Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
Administrative/secretarial support to Chief Executive/Deputy Chief Executive's Office, including co-ordination/organisation of AMT/Board Meetings	12	6	Reconfigure resources; Share workload; Re-allocate duties; Use Agency Staff; Re-locate staff; Contact ICT; Communicate with AMT/CX/Board; Raise awareness; Use SOPs; Re-arrange/cancel meetings; Contact landlord(s); Use nearby premises; Ensure contact details are accessible by senior managers off-site; Increase Remote Access; Use external facilities/share another site with HSCB/other HSC Organisations	<u>Up to 6 hours</u>  Stretch resources and maintain minimum service; Postpone non-essential workload Re-allocate duties to other corporate/Admin staff/Agency Staff Refer to procedure on Connect (hard copies of these procedures should be held in each office) e.g. <ul style="list-style-type: none"> <li>• Answering phones</li> <li>• Logging IT faults</li> <li>• AMT / Board submissions</li> <li>• Booking venues / car parking</li> </ul> Maintain communication with/update Chief Executive and interested parties (AMT/Board etc.); Relocate key staff to unaffected sites to maintain minimum service; Access records/contact details (online/hard copies/G Drive); Refer to ICT to resolve technical issues; Rotate duties with other groups of staff on/off-site; Ensure admin support is available to co-ordinate critical/Business Continuity meetings and minute/record actions agreed (IMT); Ensure contact details for key interested parties are available and provided to key staff to update/raise awareness of delays/cancelled or re-arranged meetings; Use online/hard copy contact details as appropriate; Revert to written/hard copy records; Use mobile phones.

Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
				<p><u>Over 6 hours</u>  Senior staff work from home/use Remote Access/laptops to access key information and maintain contact with interested parties;  Re-locate key staff to nearby premises in Linum Chambers, Belfast (hot desk/share offices temporarily);  Instruct/request use of external facilities across HSC/request assistance from colleague HSC Organisations;  Focus on Risk Management priorities;  Identify individual(s) to liaise with service leads and provide reports to AMT/Director of Operations/Chief Executive;  Change venues if necessary to facilitate as full an attendance as possible; CX and Directors' PA.s to provide cover for meetings.</p>
Responding to <b>critical</b> patient safety issues, serious and adverse incidents and complaints, both internal and external (Nursing and AHPs)	24	12	Senior/alternative staff cover; Refer to Serious Adverse Incidents Group; Contact ICT; Use Remote Access; Provide spare/additional laptops;	<u>Under 12 hours</u> Director of Nursing to advise on action. Assistant Director of Nursing to identify senior staff/designated officer/other professionals to provide temporary cover and assess and advise on immediate action required, using e-mail/mobile/landlines as appropriate; Liaise with HSCB and communication department as required and ensure clear communication pathway between PHA/HSCB and Trusts using email/-mobiles/landlines as appropriate; Raise technical issues with ICT.

Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
				<p><u>After 12 hours</u>  Re-negotiate established timeframes in exceptional circumstances (in agreement with Chair of Regional Serious Adverse Incident Group);  Communicate delays to key interested parties by phone/mobile/email/web and provide regular updates;  Prioritise actions to minimise impact;  Appoint a contact person to maintain communication/communicate delays;  Senior staff/key staff work off-site/from home for short time using laptops/Remote Access if building inaccessible;  Enquiries and reviews notified to the Director of Nursing/AHP and managed by Assistant Director of Nursing/AHP/nominated Lead;  Complaints process still followed, although consideration given to extending timescales for response;  Director/Assistant Director of Nursing/AHP/Designate maintain communication re progress with AMT/IMT.</p>



Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
Responding to professional conduct and practice issues including fitness to practise for Nurses and AHPs (public protection) (Nursing)	24	12	<p>Senior staff cover arrangements;  Re-prioritise workloads;  Use reporting/failsafe systems already in place i.e. direct link with DOH, Directors of Nursing in HSC Trusts, ITS;  Accept delay;</p> <p>Defer to Operations for Media queries;</p> <p>Remote Access;  Use additional/spare laptops as back-ups for desktop failure</p>	<p><u>Under 12 hours</u>  Director of Nursing to advise on action.  Senior staff/designated officer/other professionals identified by the Director / Assistant Director of Nursing to provide temporary cover. Assess and advise on immediate action required including consideration of suspension;  Re-prioritise workloads;  Maintain communication, use of using e-mail/mobile/landlines as available / appropriate;  Raise technical issues with ICT;  Use failsafe systems already in place with DOH and HSC Trusts;  Accept some delay and raise awareness with interested parties;  Senior staff/key contacts/leads work from home/alternative site using Remote Access.  Use additional/spare/shared laptops as back-up from alternative sites if building inaccessible/desktop failures.</p>



Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
Continued....				<p>After 12 hours  Maintain clear communication pathway between PHA/HSCB, DOH and Trusts;  For media queries defer to Corporate &amp; Public Affairs as per normal practice;  Priority focus on risk management;  Provide relevant brief to internal AMT and wider nursing team if relevant and if information likely to be in public domain;  Ensure appropriate responses and actions in place regarding registration and competency to practice;  Investigations and referrals to Nursing &amp; Midwifery Council (NMC) (generally made by the Director of Nursing and Assistant Director for AHPs) can, with delegation, be made by designated deputies.  Increase use of Remote Access  Senior Staff/Leads/Deputies work from home/alternative site using Laptops, mobiles to maintain communication with Trusts/Director of Nursing/AMT/IMT  Liaise with colleagues in HSC/Trusts to provide updates/cover;  Most senior PHA Executive will sign any necessary documentation to progress service/manage priorities.</p>

Service	MAO (Hours)	RTO (Hours)	Strategies	Tactics
Provision of expert professional advice to commissioning and performance management of HSC services and the independent sector, including approval of <b>Extra Contractual Referrals (ECRs)</b> (Urgent) (Nursing and/or AHPs)	24	12	Delegation; senior/other staff cover; Prioritise – urgent ECRs managed first; Contact ICT; Possibly increase use of Remote Access	<p><u>Under 12 hours</u></p> Senior staff/designated officer/other professional identified by Assistant Director of Nursing / Assistant Director of AHP & PPI to provide temporary cover, using e-mail/mobile/landlines as appropriate; Delegate duties to most senior staff to process most urgent ECRs first and prioritise workload/services/requests; Resolve technical issues through ICT; Additional named individuals appointed to approve more urgent requests; Accept some delays in short-term. <p><u>After 12 hours</u></p> Re-negotiate established timeframes in exceptional circumstances; Prioritise actions to minimise impact; Appoint a contact person to communicate delays; Senior staff/key staff work off-site/from home for short time using Remote Access if building inaccessible; Liaise with colleagues in HSC/Trusts to provide updates/assistance; Most senior PHA Executive will sign any necessary documentation to progress service/manage priorities; Skills and resources of all commissioning staff focused on surge planning – reduce input to normal/regular commissioning activities and gauge/anticipate any areas of particular activity in near future to focus resources Senior staff provide cover/delegate duties; Retract service/accept delays/backlog; Reprioritise services and consider use of Remote Access for key staff if on-going/until ICT issues resolved/premises become available again; Redistribute non-essential staff with no premises to areas requiring more urgent assistance/sharing/pooling resources.

Priority 2 Services – MAO of 2 – 7 days				
Service	MAO (days)	RTO (days)	Strategies	Tactics
<u>Public Affairs</u> (Providing information to Assembly, DOH, Minister; Monitoring NI Assembly)	2	1.5	Refer to ICT; use other means of communication; re-locate key staff; train other staff to cover (long-term); Divert calls to mobiles/On Call/Out of Hours; Use other media Use Remote Access	<u>Immediately and up to 4 hours</u> Request ICT assistance to resolve technical problems; Provide minimum service using stretched resources; Maintain communication with DOH and interested parties via alternative methods such as mobiles/landlines/e-mail; Divert calls to senior staff mobiles/On-Call/Out-of-Hours number if landlines unavailable; Ensure alternative contact arrangements available on Website if possible/building inaccessible; Prioritise services and action most urgent/widespread.  <u>After 4 hours</u> Advise/update re potential delays Use other media/HSC Colleagues Re-deploy staff and train others to cover long-term; Provide/refer to SOPs (some processes available on Connect/hard copy).



Service	MAO (days)	RTO (days)	Strategies	Tactics
Accommodation (single/various PHA Sites)	2	1	<p>Liaise with Landlords/Management Companies (see Appendix 12);</p> <p>Ensure others' BCPs in place/activated;</p> <p>Cancel/reschedule meetings;</p> <p>Re-locate key staff;</p> <p>Communicate with interested parties;</p> <p>Send non-essential staff home;</p> <p>Liaise with ICT;</p> <p>Use mobiles/Remote Access where possible;</p> <p>Retract services</p>	<p><u>Up to day 1</u></p> <p>Appoint lead to liaise with Landlords/Management Firms/Assets &amp; Estates Management Branch (DOH) / Central Procurement Directorate (DFP)/Belfast HSC Trust regarding various locations (see Appendix 12 for contacts);</p> <p>Relocate lead/key staff to alternate premises to manage incident/return of staff (using mobiles/Remote Access and laptops/working from home/other sites);</p> <p>Ensure staff and affected interested parties are kept informed of situation/timescales using email/Website/Communications Lead;</p> <p>Ensure others' BCPs are in place and ready to activate long-term;</p> <p>Send non-essential staff home (Assistant Director liaise with HR);</p> <p>Liaise with ICT;</p> <p>Senior Staff maintain essential service and communication using mobiles/Remote Access;</p> <p>Retract services to essential areas only.</p> <p><u>After day 1</u></p> <p>Relocate Key Staff to alternative site to manage/recover service;</p> <p>Retract services and cancel/re-arrange upcoming meetings</p> <p>Local offices to hold hard copy telephone/contact directories.</p> <p>Increase Remote Access working until services are resumed;</p> <p>Activate others' BCPs as appropriate.</p> <p>Ensure that essential services (access, security, IT, telephones) continue to be provided/are resumed by liaising with landlords/management companies at HSCB, Linum Chambers and other sites requesting activation of their BCPs as necessary;</p> <p>Use alternative premises for key staff and allow senior staff home working where Remote Access is available. It will be for individual Directorates to determine who their key staff are. The decision to re-locate staff across directorates will be made by IMT.</p>

Service	MAO (days)	RTO (days)	Strategies	Tactics
<p>Responding to child and adult protection issues within Nursing AND/OR Allied Health Professions, including Case Management Reviews, reviewing written reports and attendance at multidisciplinary meetings (NB: specific professional expertise required e.g. Health Visitors)</p>	2	1	<p>Delegate; Senior staff provide cover; Use Remote Access/Laptops/Mobiles</p>	<p><u>Up to day 1</u> Senior staff/designated officers provide cover for most critical roles; Seek advice from a Trust Named Nurse for Safeguarding Children as appropriate; Maintain communication using e-mail/mobile/landlines as appropriate; Ensure clear communication pathway between interested parties, Trusts and PR Team as appropriate; Raise technical issues with ICT; Postpone meetings/non-urgent cases.</p> <p><u>After day 1</u> Increase Remote Access/Home-working for senior staff; Communicate expected delays re non-urgent priorities with interested parties; Communicate delays with interested parties and Director/IMT; Liaise with colleagues across HSCB/HSC/Trusts to request assistance/provide cross-cover; Provide regular progress reports re service continuity; Use alternative means of communication such as Website/recorded messages/mobile to maintain essential elements of service.</p>



Service	MAO (days)	RTO (days)	Strategies	Tactics
Acute Surveillance of Communicable Disease (statutory, public function)	2	1.5	<p>Staff use SOPs where available;</p> <p>Other staff trained to provide cover;</p> <p>Train other staff to encourage cross-team working;</p> <p>Use Remote Access for information;</p> <p>Provide alternative travel options for staff using Public Transport</p>	<p><u>Up to 1.5 days</u></p> <p>Liaise with ICT to resolve any technical issues;</p> <p>Staff refer to pre-prepared SOPs/allow other staff to provide cover if building/team unavailable (on G Drive, hard copies in offices);</p> <p>Key/senior staff provide minimal service using Remote Access/laptops to access information;</p> <p>Record essential/relevant information in hard copy until ICT issues resolved;</p> <p>Communicate with staff and interested parties affected using mobiles/e-mail/ pre-recorded messages/updates;</p> <p>Reduce non-essential services/re-prioritise.</p> <p><u>Over 1.5 days</u></p> <p>Maintain communication/provide updates re delays with interested parties and staff/HSC Colleagues in Trusts/HSCB should assistance be required/available;</p> <p>Provide alternative transport options for staff if Public Transport affected – consider access requirements/alternative locations across PHA/HSCB, relocating key staff;</p> <p>Urgent/on-going issues- refer to On-Call Doctor/Lead Consultant in Health Protection/Health Protection Nurse;</p> <p>Involve deputies such as HP Consultants from other areas, HP Nurses, Specialist Registrars or CDSC Consultant in Health Protection;</p> <p>Use existing Trust safeguarding measures in place;</p> <p>Establish key points of contact/local arrangements so information continues to be received by designated officers/deputies in a timely fashion;</p> <p>Raise awareness re potential delays/communication issues and use alternative means of communication where possible, such as mobiles/landlines/E-mails/PHA Website.</p>



Service	MAO (days)	RTO (days)	Strategies	Tactics
				Re-arrange upcoming meetings/postpone/cancel as necessary/non-urgent; Senior staff arrange own photocopying/printing/record maintenance/filing; Use Reprographics if available.
Maintaining adherence to Legal Responsibilities of the Organisation (Health and Safety)	3	1	Re-locate key staff; Use Remote Access; Re-allocate duties to others/prioritise; Maintain communication re any delays; Use alternative site(s); Liaise with ICT Use tele/videoconferencing; Refer to policies circulated on Connect Intranet; Arrange back-up facilities for key staff with access to files/information to maintain short-term minimum service; Liaise with HSCB/BSO Leads; Continue to ensure staff are aware of Policies/responsibilities	<u>Up to 4 days</u> Liaise with ICT to resolve technical issues; Send non-essential staff home if building(s) inaccessible; Maintain communication using e-mail/phone/websites; Senior/key staff use Remote Access/laptops to maintain minimum service/deal with urgent/essential aspects of service Relocate key staff and increase use of Remote Access/use alternative premises. <u>After 4 days</u> Re-allocate duties and send staff with no premises to alternative Directorates/locations to assist/provide cover; (Re-prioritise services); Maintain communication with interested parties re delays; Use videoconference/website facilities for essential services; Arrange back-up facilities for key staff with no access to files/information; Request assistance/cross-cover from HSC/BSO/HSC Trust Leads; Use e-Learning/email/line manager communication to ensure staff remain aware of their responsibilities; Ensure compliance with urgent /long-standing legal requirements; Identify issues regionally with DOH if appropriate.

Service	MAO (days)	RTO (days)	Strategies	Tactics
Health Intelligence provision of direct support to Public Relations and PHA Senior Management (evidence gathering/analyses)	3	2	Contact IT for assistance; Communicate to raise awareness; Stretch resources; Retract/postpone service; Use manual files; Re-allocate duties; Use staff from other offices/HSC; Increase home-working/Remote Access	<p><u>Up to 2 days</u>            Refer to ICT if server/e-mail down;            Communicate to raise awareness amongst key interested parties/staff;            Provide minimum/delayed service using stretched resources;            Refer to manual files if ICT unavailable; senior staff home-working using Remote Access/laptops/mobiles;            Defer non-urgent work.</p> <p><u>After 2 days</u>            Maintain communication with staff/interested parties;            Retract/postpone service;            Request assistance from staff in other Directorates/across HSC;            Refer, if necessary, to information held on G Drive/Internet/e-mail/off-site/with HSC Colleagues/interested parties;            Plan ahead/ascertain key information needs of senior management/interested parties to prioritise recovery.</p>

Service	MAO (days)	RTO (days)	Strategies	Tactics
Provision of professional advice and corporate leadership to commissioning prison health services and palliative care services and to the commissioning and performance management of HSC services, the Independent Sector, AHPs and ECRs.	3	2	Senior staff provide cover; Delegate duties as appropriate; Re-prioritise tasks (most urgent ECRs processed first by most senior member of staff available); Consider increasing Remote Access	<u>Up to 2 days</u> Senior staff provide cover and maintain communication/raise awareness re delays using landlines/email/mobiles; Liaise with ICT to resolve any technical issues; Senior staff/designated officers provide cover for most critical roles; Senior/key staff work from home/use Remote Access/Laptops; If building inaccessible, send non-essential staff home and maintain contact re return.  <u>After 2 days</u> Maintain communication with staff/interested parties; Retract/postpone non-essential elements of service; Request assistance from staff in other Directorates/across HSC; Communicate delays with interested parties/DOH; Prepare Press/Media holding report in communication with PR/Communications staff if available/necessary; Delegate duties of Director of Nursing to Assistant Director/Senior Nurse/Consultant; Senior Executives involved if paperwork requires authorisation/signature; Staff relocated to alternative site and use Remote; Access/Laptops/Shared resources to maintain basic service.



Service	MAO (days)	RTO (days)	Strategies	Tactics
<p>Maintaining adherence to Information Governance legal responsibilities - responding to all PHA Freedom of Information Requests (Co-ordinating/ chasing information)</p>	<p>5</p>	<p>3</p>	<p>FOI e-mails copied to Senior Operations Manager;          Liaise with HSCB Governance for advice;          Re-locate key staff;          Use Remote Access/laptops/mobiles;          Maintain communication with key interested parties and colleagues to raise awareness;          Use hard copy files/other means of communication;          Train other Operations Manager/band 4;          Further develop HSCB support</p>	<p><u>Up to 3 days</u>          Contact ICT to resolve technical issues;          Refer to joint FOI e-mail account to check FOI emails copied to Senior Operations Manager;          Maintain communication with interested parties nearing deadlines to expect delays/raise awareness;          Refer to hard copy information/contacts on G Drive or on Website/use e-mail communications to develop general/basic level response in interim if necessary;          Use mobiles and Remote Access (laptops) if necessary.</p> <p><u>After 3 days</u>          Communicate/maintain relations with HSCB Governance leads for advice and cross-cover/support;          Relocate key staff to another site/sharing resources/using Remote Access/laptops/mobiles;          Train band 4 and Senior Operations Manager to increase their responsibilities if senior staff needed elsewhere/unavailable for longer periods – key staff based in Armagh/Belfast ;          Appropriate Director/Assistant Director nominate appropriate senior manager/team member to respond within an appropriate/agreed timescale.</p>

Service	MAO (days)	RTO (days)	Strategies	Tactics
Identifying professional leads for Serious Adverse Incidents	7	3	Use designated officers and back-ups in place; Senior officers cover; Use Remote Access where possible	<p><u>Up to 2 days</u> Retract service; Communicate with ICT re technical issues; Advise key interested parties affected re delays; Senior Staff use Remote Access for urgent areas of work;</p> <p><u>After 2 days</u> Defer to designated officers and back-up arrangements in place (Senior staff/designated officer/other professional identified by the Assistant Director of Nursing to provide temporary cover using e-mail/mobile/landlines as appropriate); Ensure clear communication pathway between PHA/HSCB and Trusts; Raise technical issues with ICT; Refer to Serious Adverse Incidents Group for assistance/resolution Request assistance from/communicate with HSCB, Trust leads and other HSC Colleagues; Relocate key staff initially and others provide assistance elsewhere until service resumed.</p>

Service	MAO (days)	RTO (days)	Strategies	Tactics
Project Management of connected health projects and RTNI (Remote Telemonitoring) (Centre for Connected Health)	7	3	Staff use mobiles and Remote Access/laptops	<p><u>Up to 3 days</u>  Contact ICT for technical assistance;  Raise awareness re delays/retracted service with key interested parties;  Key staff/work from home using Remote Access/laptops;  Maintain communication using mobiles/landlines/e-mails/websites.</p> <p><u>7 days and onwards</u>  Provide regular updates re progress to key interested parties/public affected;  Establish pre-recorded/website updates as appropriate in conjunction with PR  Staff relocated to another site and share resources/use Remote Access/laptops to manage essential aspects of the service.</p>



Service	MAO (days)	RTO (days)	Strategies	Tactics
Newborn Blood Spot Screening Programme	7	4	SLAs and contingency arrangements already in place with Trusts/other HSC organisations/AHPs (Health Visiting, Child Health)	<p><u>Up to 4 days</u>  Contact ICT for assistance;  Raise awareness re delays/retracted service with key interested parties;  Maintain communication using mobiles/landlines/e-mails/websites;</p> <p><u>7 days and onwards</u>  Relocate staff to alternative sites;  Increase use of Remote Access/laptops until service resumed/new sites established;  Refer to Trusts/HSC colleagues in HSCB for assistance/access to information  Contact Royal Mail/Trusts to provide support/activate their contingency arrangements (under SLAs).</p>
Maintain commissioning to high quality screening programmes (antenatal etc.)	7	4	Service Providers contingency processes already in place; PHA advised of incidents; Failsafes in place with ICT	<p><u>Up to 4 days</u>  Contact ICT for assistance;  Raise awareness re delays/retracted service with key interested parties;  Maintain communication using Mobiles/landlines /e-mails/Websites;</p> <p><u>7 days and onwards</u>  Relocate key staff to alternative sites;  Increase use of Remote Access/laptops/working from home until service resumed/new sites established;  Refer to Trusts/HSC/HSCB for assistance/access to information;  Request Trust/Royal Mail activate their BCPs/invoke their service continuity processes already in place;  Maintain communication/ensure information conveyed promptly via e-mail/telephone/mobile/lead contact person;  Prepare general press/Public communications.</p>

Service	MAO (days)	RTO (days)	Strategies	Tactics
Fulfilling statutory/PPI duty as regional lead and delivering on Priorities for Action Targets	7	6	Senior staff provide cover/deputise; Use Remote Access/laptops/mobiles to maintain contact/access information	<u>After 6/7 days</u> Contact ICT for assistance; Raise awareness re delays/retracted service with key interested parties; Relocate key staff/ Senior staff provide cover/work from home using Remote Access/laptops; Maintain communication using mobiles/landlines/e-mails/websites; Refer to Trusts/HSC colleagues in HSCB for assistance/access to information activate their BCPs/invoke their service continuity processes already in place; Communicate anticipated delays to DOH;

Colour Key (Appendix 1)	
	Priority 1 Services – MAO up to 24 hours
	Priority 2 Services – MAO of 2-7 days

**Business Impact Analysis****TIME CRITICAL/KEY SERVICES – beyond 7 days****PRIORITY 3**

<b>Service</b>	<b>MAO</b>	<b>RTO</b>
Development of Public Information Campaigns in support of key work areas	2 weeks	1 week
Development of Websites in support of work areas (e.g. getting urgent messages to the Public)	2 weeks	1 week
Delivering on DOH action plans pertaining to Allied Health Professions (e.g. SLT action plan)	2 weeks	1 week
Development of print and electronic publications in support of work areas	3 weeks	1.5 weeks
Provision of management information including advising DOH, CMO, and responding to Parliamentary/Assembly Questions (RDO)	3 weeks	1 week
Programme Expenditure Monitoring System (PEMs)	4 weeks	1 week
Governance  (including the management of Risk and Risk Registers), Statutory and Regulatory Functions (CAS, Governance Statement, Mid-Year Assurance Statement)	4 weeks	3 weeks
Developing robust quality management arrangements for non-cancer screening programmes – Abdominal, Aortic, Aneurism (AAA) Screening – urgent given nature of illness/outcome fatality	4 weeks	3 weeks
Co-ordination of contracts for voluntary and community organisations	5 weeks	4 weeks
Introducing new, approved screening and testing programmes within available resources	12 weeks	8 weeks

## TIME CRITICAL/KEY SERVICES – PRIORITY 4

<b>Service</b>	<b>MAO</b>	<b>RTO</b>
Professional Support to Commissioning across the 12 Teams	5 weeks	3 weeks
Supporting the development of Public Information Campaigns	5 weeks	4 weeks
Evidence reviews and dissemination of information (Health Intelligence)	5 weeks	4 weeks
Resource development and testing (Health Intelligence)	5 weeks	4 weeks
Monitoring and evaluation of health improvement areas/initiatives (Health Intelligence)	5 weeks	4 weeks
Leadership and support to multi-sectoral partnerships	8 weeks	7.5 weeks
Bowel Screening Programme (SDS)	10 weeks	7 weeks
Breast Screening Programme (SDS)	10 weeks	7 weeks
Cervical Screening Programme	10 weeks	7 weeks
Diabetic Retinopathy Screening Programme	10 weeks	7 weeks
Newborn Hearing Screening Programme	10 weeks	7 weeks
Provision of expert advice to commissioning and performance management of Health and Social Care	11 weeks	10 weeks
Commissioning and development of Health Improvement Services (HSWI)	12 weeks	11 weeks
Stimulating and supporting community engagement process	12 weeks	11 weeks
Allocating funding to appropriately make best use of resources	12 weeks	11 weeks
Awarding and project managing HSC R&D Division Awards from HSC R&D Fund	12 weeks	10 weeks
Develop Research Governance Policies and Procedures (and co-ordinate policing of these) – RDO	24 weeks	22 weeks
Training and Teaching – SDS (National Process, once a year opportunity)	24 weeks	22 weeks
HSCQI – Health and Social Care Quality Improvement Network – Regional hub and network for Regional Quality Improvement initiatives	24 weeks	22 weeks



## PHA Locations

The Public Health Agency spans a number of sites across Northern Ireland.

The following geographical localities are sufficiently placed to house the Incident Management Team and/or IMAT and Administrative Support Team should a Business Continuity incident arise.

1. 12-22 Linenhall Street, Belfast BT2 8BS
2. County Hall, 182 Galgorm Road, Ballymena BT42 1QB
3. Gransha Park House, 15 Gransha Park, Clooney Road, Derry/Londonderry BT47 6FN
4. Linum Chambers, Bedford Street, Belfast BT2 7ES
5. Tower Hill, Armagh BT61 9DR

Maps and directions are available for each of these sites on the following link:-

<http://connect.publichealthagency.org/offices>

<u>County Hall</u>	182 Galgorm Road Ballymena BT42 1QB	Irrelevant & Sensitive
<u>Gransha Park House</u>	15 Gransha Park Clooney Road Londonderry BT47 6FN	
<u>Linenhall Street</u>	12-22 Linenhall Street Belfast BT2 8BS	
<u>Lisburn Health Centre</u>	Linenhall street Lisburn BT28 1LU	
<u>Tower Hill</u>	Armagh BT61 9DR	
<u>Linum Chambers</u>	9 <sup>th</sup> Floor, Bedford Street, Belfast, BT2 7ES	

**NB: See Appendix 12 for further information and Contact Details to book rooms at each of these venues (or to gain access outside normal working hours where available).**

## ICT On-Call Arrangements

During normal working hours, contact can be made with BSO ITS through the normal Service Desk Number (T: Irrelevant & Sensitive) or using the Infra Website Link on the BSO Homepage. Outside normal working hours, contact should be made using the **HSC Emergency On-Call** arrangements (T: Irrelevant & Sensitive) details of which are circulated to Assistant Directors on a weekly basis via email and noted at **Appendix 12**.

**IMT/IMAT/AST - Alternative Control Centres/Meeting Rooms (During Working Hours)**

Site Affected	Primary Alternative/ Designated Rooms	Contact Persons 1 and 2	Secondary Alternative / Designated Rooms	Contact Person Persons 1 and 2	Third Alternative/ Designated Rooms	Contact Persons 1 and 2
<p><b>Irrelevant &amp; Sensitive</b></p>						

Site Affected	Primary Alternative/ Designated Rooms	Contact Persons 1 and 2	Secondary Alternative / Designated Rooms	Contact Person Persons 1 and 2	Third Alternative/ Designated Rooms	Contact Persons 1 and 2
<h1>Irrelevant &amp; Sensitive</h1>						

Site Affected	Primary Alternative/ Designated Rooms	Contact Persons 1 and 2	Secondary Alternative / Designated Rooms	Contact Person Persons 1 and 2	Third Alternative/ Designated Rooms	Contact Persons 1 and 2
<h1>Irrelevant &amp; Sensitive</h1>						

RESTRICTED MANAGEMENT



## **Control Centres - Out of Hours**

If an incident occurs out of hours which cannot be managed on the morning of the following working day, initial discussions should take place using mobiles and/or telephone/videoconference facilities as outlined above and in Appendix 12, with the initial IMT meeting taking place as soon as premises open.

IMT members may, outside normal working hours, make contact with the Head of Corporate Services (Ms Patricia Crossan) or Ms Liz Fitzpatrick to request that Security open Linenhall Street premises temporarily (see Appendix 12 for contact details).

**IMT/Director of Operations/Deputy might also contact Belfast Trust for alternative/vacant/underused properties.**

**(Please refer to Appendix 12 for full details regarding venues/key holders)**

**INCIDENT NOTIFICATION**

**Completed by** .....

**Date & Time** .....

**Call Details:**

**Name and Contact Details of Caller:**.....

.....

.....

**Incident Details**

.....

.....

.....

**Assessment of Incident/Damage** (Level 1-4 as per Figure 3)

.....

.....

.....

**Current Status of Incident: (Minor, significant, major)**

.....

**Hazards: (present/potential)**

.....

**Number/Group of Staff/Directorate Affected:**

.....

**PHA Actions to Date:**

.....

**Assistant Director/Senior Manager Briefings**

Report completed by:

<b>Task / Issue</b>	<b>Timescales for completion</b>	<b>Current Position</b>	<b>Consequences if not completed on time</b>	<b>Key Personnel</b>

Key Decisions Log

Date and Time .....

Completed By .....

<i>Decision Number</i>	<i>Decision</i>	<i>Person Responsible</i>	<i>Expenditure (if applicable)</i>
1			
2			
3			
4			
5			
6			



**PHA INCIDENT MANAGEMENT TEAM AGENDA****Date:-****Time:-****Venue:-**

<b>No</b>	<b>Item</b>	<b>Lead</b>
<b>1</b>	AST instructions	IMT
<b>2</b>	Recap of activity to date	IMT
<b>3</b>	Assessment	IMT
<b>4</b>	Key Services	IMT
<b>5</b>	Duty Room update	IMT
<b>6</b>	Resource review	IMT/IMAT
<b>7</b>	Tactics/Action Plan	IMT
<b>8</b>	IMAT	IMT
<b>9</b>	Briefings	Directors
<b>10</b>	DOH	Chief Executive
<b>11</b>	Communications Team	Mr S Wilson
<b>12</b>	Review of progress	IMAT
<b>13</b>	De-escalation	IMT
<b>14</b>	Formal de-brief	IMT

**Incident Management Team Meeting Notes**

**Chair:**

<b>Date</b>	<b>Action No</b>	<b>Action Agreed</b>	<b>Person Responsible</b>	<b>Status</b>
	1			
	2			
	3			
	4			
	5			
	6			
	7			

**Incident Management Team**

**Date :** \_\_\_\_\_

New Developments

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers, fax, pens, papers</u> )
		Day 1	Days 2-5	Days 6-10	Days 11+	Day1	Days 2-5	Days 6-10	Days 11+	Day 1	Days 2-5	Days 6-10	Days 11+	
Health Protection (HP)	<u>Doctors' On Call Service</u>	3	3	3	4	3	3	3	4	3	3	3	4	Access to HP Zone (Internet Access), G Drive, Cascade Lists/ Contact details; Pagers; Laptops with Remote Access, Standard Operating Procedures (SOPs)
Health Protection (HP)	<u>HP Duty Room</u> (providing advice and support by phone/email/fax to all HSC professionals on all Health Protection Issues/emergencies - during working hours)	HP	3	3	6	3	3	3	6	3	3	3	6	Access to SOPs/Protocols/Guidelines/Reference Manuals; Access to HP Zone (Internet Access); Contact Details
Health Protection (HP)	<u>HP Zone</u> (24/7 UK wide Web Based Health Protection incidents information database- used by HSC professionals and interested parties)	3	3	3	6	3	3	3	6	3	3	3	6	Access to SOPs/protocols/guidelines/reference manuals; Access to HP Zone (Internet); Laptops with Remote Access



Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers,</u> <u>fax, pens, papers</u> )
		Day 1	Days 2-5	Days 6-10	Days 11+	Day 1	Days 2-5	Days 6-10	Days 11+	Day 1	Days 2-5	Days 6-10	Days 11+	
CPA	Public Relations (for compilation/ dissemination of important/urgent health messages to Public, interested parties and media)	4	4	6	6	4	4	6	6	4	4	6	6	Contact Details; mobiles; Laptops with Remote Access; Internet Access
CPA	Activation of Community Response Plan (CRP)	1	2	2	2	1	2	2	2	1	2	2	2	
CPA	<u>Internal Communications</u> (of important/urgent messages across all PHA sites using email/Connect/ phones)	1	1	1	1	1	1	1	1	1	1	1	1	Access to SOPs/protocols/ guidelines/standards, reference manuals; Laptops with Remote Access, mobiles; Pagers

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers,</u> <u>fax, pens, papers</u> )
		Day 1	Days 2 -5	Days 6 -10	Day s 11+	Day1	Days 2 -5	Days 6 -10	Days 11+	Day 1	Days 2 -5	Days 6 -10	Days 11+	
Planning and Corporate Services (P&Ops)	Operational role of co-ordinating and communicating across local offices - and with BSO and HSCB	1	1	2	3	1	1	2	3	1	1	2	3	Email; Contact Lists; mobiles
P&Ops	<u>Administrative/ secretarial support to Chief Executive's Office,</u> including co- ordination/ organisation of AMT/Board Meetings	1	1	2	3 to 5	1	1	2	3 to 5	1	1	2	3 to 5	SOPs/protocols/ guidelines/standards/reference manuals; Access to email, G Drive; Hard copy files; Laptops with Remote Access; Contact Details

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers, fax, pens, papers</u> )
		Day 1	Days 2 -5	Days 6 -10	Day s 11+	Day1	Days 2 -5	Days 6 -10	Days 11+	Day 1	Days 2 -5	Days 6 -10	Days 11+	
Nursing	<p>Responding to <u>critical</u> patient safety issues, serious and adverse incidents and complaints, both internal and external (Nursing and AHP)</p> <p>NB: Depends on 3<sup>rd</sup> parties /information received, media interest</p>	2*	2*	3*	3*	2*	2*	3*	3*	2*	2*	3*	3*	<p>* Includes 1 Admin Staff Telephone/Email Contact Lists (personal/client); Personal Electronic files; Paper files (including those in off-site storage if possible); Pagers; Laptops with Remote Access; mobiles; spiderphones</p>

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers, fax, pens, papers</u> )
		Day 1	Days 2 -5	Days 6 -10	Day s 11+	Day1	Days 2 -5	Days 6 -10	Days 11+	Day 1	Days 2 -5	Days 6 -10	Days 11+	
Nursing	<p>Responding to professional conduct and practice issues including fitness to practice for <u>Nurses and AHPS</u> (public protection)</p> <p>(NB: Trust may have already been involved before this reached PHA, possibly escalated) Public, Media interest, 3<sup>rd</sup> party communication vital</p>	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	<p>* Includes 1 Admin Staff Telephone/Email Contact Lists (personal/client); Personal Electronic files; Paper files (including those in off-site storage if possible); Pagers; Laptops with Remote Access; mobiles; spiderphones</p>

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers,</u> <u>fax, pens, papers</u> )
		Day 1	Days 2-5	Days 6-10	Day s 11+	Day 1	Days 2-5	Days 6-10	Days 11+	Day 1	Days 2-5	Days 6-10	Days 11+	
Nursing	Provision of expert professional advice to commissioning and performance management of HSC services and the independent sector, including approval of urgent Extra Contractual Referrals (ECRs) (Nursing and/or AHPs)  (URGENT#)  NB: Record keeping essential, media interest. Patient care  May not be regularly received but need dealt with urgently	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	* Includes 1 Admin Staff Telephone/Email Contact Lists (personal/client); Personal Electronic files; Paper files (including those in off-site storage if possible); Pagers; Laptops with Remote Access; spiderphones



Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers,</u> <u>fax, pens, papers</u> )
		Day 1	Days 2 -5	Days 6 -10	Day s 11+	Day1	Days 2 -5	Days 6 -10	Days 11+	Day 1	Days 2 -5	Days 6 -10	Days 11+	
CPA	Providing information to Assembly, DoH, Minister; Monitoring NI Assembly	1	1	1	1	1	1	1	1	1	1	1	1	Access to Internet; Access to HSC email; Contact Details

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers,</u> <u>fax, pens, papers</u> )
		Day 1	Days 2-5	Days 6-10	Day s 11+	Day1	Days 2-5	Days 6-10	Days 11+	Day 1	Days 2-5	Days 6-10	Days 11+	
P&Ops	Accommodation (Single/various sites)	1	1	1	1	1	1	1	1	1	1	1	1	Telephone/email contact lists/ mobiles
Nursing/ AHPs	Responding to child/adult protection issues within Nursing and/or AHPs, including Case Management Reviews, reviewing written reports and attendance at multidisciplinary meetings (NB: specific professional expertise required e.g. Health Visitors)	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	* Includes 1 Admin Staff Telephone/Email Contact Lists; Personal Electronic/paper files; (including those in off-site storage if possible; Pagers; Laptops with Remote Access; spiderphones

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers, fax, pens, papers</u> )
		Day 1	Days 2-5	Days 6-10	Days 11+	Day1	Days 2-5	Days 6-10	Days 11+	Day 1	Days 2-5	Days 6-10	Days 11+	
HP	Acute Surveillance of Communicable Disease (statutory, public function)	3	3	3	6	3	3	3	6	3	3	3	6	Access to HP Zone, G Drive, Cascade Lists, contact details for interested parties; Pagers; Laptops with Remote Access; SOPs;
P&Ops	Maintaining adherence to Legal Responsibilities of the Organisation (Health and Safety)	1	1	1	1	1	1	1	1	1	1	1	1	
HI/Comms	Health Intelligence provision of direct support to PR and PHA senior management	3	3	3	3	3	3	3	3	3	3	3	3	Access to G Drive; Internet; Email

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers, fax, pens, papers</u> )
		Day 1	Days 2-5	Days 6-10	Days 11+	Day1	Days 2-5	Days 6-10	Days 11+	Day 1	Days 2-5	Days 6-10	Days 11+	
Nursing	Provision of professional advice and corporate leadership to the commissioning of prison health services and palliative care services and to the commissioning and performance management of HSC services, the Independent Sector, AHPs and ECRs.	2*	3*	3*	3*	2*	3*	3*	3*	2*	3*	3*	3*	* Includes 1 Admin Staff Telephone/Email Contact Lists (personal/client); Personal Electronic files; Paper files (including those in off-site storage if possible); Pagers; Laptops with Remote Access; spiderphone

Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers,</u> <u>fax, pens, papers</u> )
		Day 1	Days 2 -5	Days 6 -10	Day s 11+	Day1	Days 2 -5	Days 6 -10	Days 11+	Day 1	Days 2 -5	Days 6 -10	Days 11+	
P&Ops	Maintaining adherence to Information Governance legal responsibilities - responding to all PHA Freedom of Information Responses (Co-ordinating/chasing information)	1	1	1	1	1	1	1	1	1	1	1	1	Laptops with Remote Access; Access to Shared Drive and Emails (FOI Email); mobiles; contact details
Service Development and Screening (SDS)	Identifying professional leads for Serious Adverse Incidents (SAIs)	1	1	1	1	2	2	2	3	2	2	2	3	(1 Consultant per day) Telephone/Email Contact Lists (personal/client); Personal Electronic files; Paper files (including those in off-site storage if possible); Pagers; Laptops with Remote Access; spiderphones
Centre for Connected Health and Social Care (CCHSC)	Project Management of Connected Health Projects and Remote Telemonitoring	0	0	3	3	0	0	3	3	0	0	3	3	Access to Contract Files; G Drive/Server Access; Laptops with Remote Access



Resource Requirement														
Directorate/ Division	Service	Staff				Desks				IT				Other resource requirements (in addition to <u>phones, printers, fax, pens, papers</u> )
		Day 1	Days 2-5	Days 6-10	Days 11+	Day1	Days 2-5	Days 6-10	Days 11+	Day 1	Days 2-5	Days 6-10	Days 11+	
SDS	Newborn Blood Spot Screening Programme	1	1	2 to 3	2 to 3	1	1	2 to 3	2 to 3	1	1	2 to 3	2 to 3	Access to G Drive, Internet, HSC emails; Test materials/Trusts' test systems (e.g. CHS, NIMATS)
SDS	Maintain commissioning to high quality screening programmes (antenatal etc)	1	1	2	2	1	1	2	2	1	1	2	2	Various screening systems; Access to G Drive, Internet; HSC Emails; Outlook; Personal Folders; C Drive
AHP/PPI	Fulfilling statutory/PPI duty as regional lead and delivering on Priorities for Action Targets	2	2	3	5	2	2	3	5	2	2	3	5	Access to G Drive; Contact Details; Laptops with Remote Access; SOPs; mobiles

**Contacts: Key Staff and Interested Parties**

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**RESTRICTED MANAGEMENT**

**Fuel Plan:**

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**RESTRICTED MANAGEMENT**

**PHA Contingency Planning  
in the event of a no-deal EU Exit**

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