

**JOINT PUBLIC HEALTH AGENCY (PHA)/HEALTH AND SOCIAL
CARE BOARD (HSCB) AND BUSINESS SERVICES ORGANISATION
(BSO) ANNUAL REPORT ON EMERGENCY PREPAREDNESS
2018/2019**

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1.0 Context

The following Joint Public Health Agency (PHA)/Health and Social Care Board (HSCB) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for 2018/19 seeks to provide an overview and update on Emergency Preparedness arrangements across the Health and Social Care (HSC) organisations.

2.0 Leadership

The PHA and HSCB have received the Annual Reports on Emergency Preparedness from the Belfast Health and Social Care Trust (BHSCT), the South Eastern Health and Social Care Trust (SEHSCT), the Western Health and Social Care Trust (WHSCT), the Northern Health and Social Care Trust (NHSCT), the Southern Health and Social Care Trust (SHSCT), the Northern Ireland Ambulance Service Trust (NIAS).

These reports provide assurance that the necessary accountability arrangements are in place in all HSC organisations to ensure the responsibilities required of them in respect of Emergency Preparedness are supported.

Within the PHA/HSCB and BSO, structures are in place to support the Emergency Preparedness Agenda from Chief Executive, through responsible Director and relevant manager.

The Joint Emergency Planning (JEP) Board, Chaired by the Director of Public Health (PHA) and the Director of Performance Management and Service Improvement (HSCB) as per governance arrangements outlined in previous reports ensures that high levels of emergency preparedness exists in the PHA/HSCB and BSO. The JEP Board has met quarterly throughout the year to oversee the on-going work that has been outlined within this report.

3.0 Multi-agency collaboration including any cross-border initiatives

The HSC engages fully with its multi-agency partners in enhancing emergency preparedness and this is predominantly done through various meetings and working groups. HSC are members of the Civil Contingencies Group (CCG) (NI), the Sub-Regional Civil Emergencies and Implementation and Development Group, along with various other local Emergency Planning Groups.

The HSC, through the PHA, are members of the Cross Border Emergency Management Working Group (CBEWG).

The CBEWG meets quarterly in both NI and ROI. A Health Cross Border Emergency Management Working Group (HCBEMG) was established in March 2017 and meets on a 6 monthly basis. The group met on one occasion for during the reporting period. The terms of reference can be seen in appendix 1.

4.0 Planning, validating and reviewing

During the reporting period the JEP Board met in June 2018, October 2018, January 2019 and March 2019. The JEP Board and the Emergency Planning staff using the Integrated Emergency Management model and networks that have been built up over years carry out dynamic risk assessments. Staff also take direction from other areas and agencies, e.g. the DOH (NI), WHO, etc. in highlighting risks. The JEP Board has responsibility for reviewing the Joint Response Emergency Plan (JREP). The JEP Board also has oversight of the annual flu preparedness arrangements, including uptake of HSC staff availing of the flu vaccinations, and also ensured that HSC provided assurances in respect of winter planning and preparation for winter pressures.

During the period, the JEP Board meeting was also kept informed of the scheduled regular meetings between the HSCB/PHA and the HSC Trusts. These meetings are scheduled quarterly and were held on the following dates;

- 12th June 2018

- 11th September 2018
- 11th December 2018
- 8th March 2019

Please refer to appendix 2 for terms of reference.

Throughout the reporting period key areas of planning were taken forward by the PHA, HSCB and BSO as follows;

4.1 Pandemic Flu

Following a meeting with the Department of Health (NI) Emergency Planning Branch and receipt of correspondence from the CMO's office it was agreed that the PHA and HSCB would lead on the development of the NI Strategic Guidance for Pandemic planning (Surge). A work plan was developed and agreed with the DoH and service leads nominated to lead on the development of strategic guidance for services. This guidance will be completed and submitted to the DoH in June 2019.

4.1.1 Pandemic Exercise- Department of Agriculture, Environment and Rural Affairs (DAERA)

Nominated members of the PHA Health Protection team participated in Exercise Anser in November 2018. This was a joint DAERA and Industry avian influenza exercise which focused on testing contingency plans for an outbreak of avian influenza within a large scale commercial poultry business. The objectives of the exercise were to;

1. Explore DAERA's and the producer's incident management and decision-making in response to the outbreak of HPAI H5N1 within a large broiler producing area.
2. To identify best practice through testing the producer's existing local contingency plans with particular emphasis on by-product disposal (litter and feathers) and the impact of movement restrictions within zones.

3. To enable DAERA to gain an improved understanding of the operational aspects of the producer's business and the wider pathways involved in poultry production.
4. To identify keys tasks, roles and capability/capacity gaps for partners involved in a HPAI H5N1 outbreak.
5. Examine the co-ordination and flow of information between DAERA and the producer, and DAERA and DAFM.
6. Refresh the knowledge and understanding of key staff involved in implementing the plans.

4.1.2 Pandemic Exercise- Ministry of Defence (MoD)

The PHA Health Protection, emergency planning attended a pandemic response exercise held by the MoD in October 2018. The objective of the exercise was to test military support to a civilian and health response to a pandemic. The exercise provided a useful oversight to the military approach to the provision of support and the interface with HSC NI. A number of key areas were explored with reference to activation, communication, deployment and management of military resources in the health environment. Key contacts were identified to assist with future planning for a HSC NI response to pandemic.

4.1.3 BSO

The BSO Procurement and Logistics division continue to work with a regional group to develop a regional contract for respiratory mask testing and the supply of appropriate masks.

4.2 Port Health Plan

The NI Port Health and Regional Outbreak and Infectious Diseases Plans were updated in July 2018. To support the circulation and implementation of these plans, the PHA Health Protection division hosted a one day conference for Port Health and

Environmental Health Officers in November 2018. The purpose of the conference was to share learning and facilitate discussion of topics in relation to Port Health and management of an outbreak.

The event featured presentations from public health medicine Edinburgh, health protection Northern Ireland, surveillance teams, Port Health Officers, and Emergency Planning College, media and communications. The event facilitated the sharing of best practice and learning from work undertaken to date. The event was consolidated with a table top exercise which tested the updated NI Port Health Plan and the Regional Infectious Diseases and Outbreak Management Plan. The expert-led sessions at this event facilitated shared learning and discussion with participants.

The event was attended by one hundred and twenty delegates from across Northern Ireland, the Republic of Ireland, Trust laboratory services, Environmental Health and Port Health. Key speakers were invited from Public Health Scotland, and the Emergency Planning College.

An evaluation of the training event was carried out and overall the response was positive. Many felt that topics relating to communication during a major incident, the duty room, and shipping quality were both interesting and useful for their area of work. The majority of participants agreed that this event was a great opportunity for networking and a great way to engage with colleagues from the Republic of Ireland. Please refer to appendix 3 for the evaluation report. The PHA is planning to organise similar events in the future.

4.3 Support for Emotional Health and Wellbeing following a Collective Trauma Event (CTE)

Learning from recent incidents has recognised the need to identify and implement ways to further improve immediate and long term support for the mental wellbeing of those affected in any future emergency in both urban and rural communities. Events in London and Manchester (March and May 2017) and the impact of severe weather on communities in NI (August 2017), have identified the requirement for a

process for the central co-ordination of the care and support for children, young people and adults whose mental wellbeing has been affected by these incidents.

The NI Recovery Forum has agreed that development of a central process for communicating pathways for the provision of support for emotional health and wellbeing is a necessary part the immediate response to an incident and in the longer term as part of the wider recovery process. Those who may be in need of this support can include anyone exposed to the trauma of the event (injured parties and their families, bereaved family members, first responders, treatment providers, coroners etc.) who are exhibiting a normal 'stress response'. Individuals with pre-existing conditions whose recovery or condition may be seriously affected by the incident should be referred to their GP provider for assessment.

To support the work of the NI Regional Recovery Group, a regional task and finish group chaired by the PHA Emergency Planner, was established together to develop a regional strategic framework which can be activated in response to a collective trauma. The purpose of the toolkit is to;

- Build on existing best practice for management of a CTE
- Where necessary, develop principles and plan pathways for support for mental wellbeing following a collective trauma.

Membership of this group includes representation from the following organisations;

- PHA Emergency Planner (Chair)
- PHA Assistant Director for Mental Health or nominated representative
- PHA Assistant Director for Health Improvement or nominated representative
- Clinical Director for NI Mental Health Trauma Managed Care Network
- Consultant in Health Protection
- HSCB Lead for Adult Sensory and Physical Disability
- Department of Health (NI) Elderly and Community Care Unit
- Northern Ireland Ambulance service (NIAS)
- Police Service Northern Ireland (PSNI)
- Northern Ireland Fire and Rescue Service (NIFRS)

- British Red Cross
- NI Community Development Health Network
- Age NI
- National Children's Bureau

It is anticipated that work to develop the strategic toolkit which commenced in September 2017 will conclude in December 2019.

4.4 Business Continuity Planning

Social Services Care Home Contingency Planning Stakeholder Workshop

The PHA emergency planning team has supported the HSCB Social Care on the development of a regional business continuity incident response plan outlining arrangements to respond to a critical incident in the care home sector. With reference to previous experience and incorporation of best practice and JESIP principles, a draft regional plan was shared with Trusts as part of a regional workshop on Thursday 7th March 2019, at Lough Neagh Discovery Centre. Review of feedback from those who attended, the workshop was very successful. The key learning was that it was an excellent way of having a regional consistent approach to help develop the business continuity plan, the chance to have shared learning regarding previous incidents with other HSC organisations and clarity around roles and responsibilities.

Finalised plan will be tested with trusts as part of a regional table top exercise on the 25th June 2019.

4.5 The 148th Open Golf Championship, Portrush, July 2019

Planning for the 148th Open Golf Championships commenced in 2016. In December 2018, the PHA was asked to join the Silver multi-agency planning group and lead on HSC planning for this event. Major sporting and entertainment events are not new to Northern Ireland. In the last few years Northern Ireland has successfully hosted events such as the Irish Open; the World Irish Dancing Competition and the MTV

European Awards. From the 14th -21st July 2019, the Royal Portrush Golf Club will host the 148th Open.

This event brings with it special challenges for the HSC family and required planning and preparation across the HSC and multi-agency partners, building on existing emergency preparedness arrangements. Specific health planning led by the PHA and HSCB working with HSC Trust Emergency Planners has focused on the following areas;

- Disease surveillance and outbreak response
- Environmental health and food safety
- Health care capacity and mass casualty preparedness
- Public health response to CBRN/HAZMAT incidents
- Public information.

HSC Trust preparedness for this event was included as part of the HSCB/Trust Services Issues and Performance meetings. The final draft of all multi-agency and the event organisers Incident Response plan (IRP) will be tested as part of a table top exercise on the 21st May 2019. For additional information with respect to HSC planning, please refer to the event briefing paper in appendix 4.

4.6 Planning for EU Exit

Following receipt of correspondence from the Permanent Secretary (21st January 2019), the HSCB and PHA were asked to support the development of regional planning for Command, Control and Co-ordination (C3). Due to the nature of HSC emergency preparedness and the existing Gold, Silver and Bronze command structures, planning was progressed with a specific focus on the development of the following;

- Regional Situation Report to record the impact of EU Exit on HSC services.
- Contingency plans to maintain reporting arrangements for an extended time frame including out of hours.

- Escalation arrangements to activation of a fully operational EU Exit Operational Centre to support the information requirements of the Departmental operational Centre (DOC).
- Roll out of Emergency Operation Centre refresher training for staff.
- Co-ordination of sit rep reporting from Trusts to HSC Silver and facilitation of regional test processes.
- Business Continuity

In addition, the PHA Health Protection team lead on the co-ordination of the development of a cross border contingency plan for maintaining existing lines of communication and joint working with colleagues for Health Protection Surveillance Centre Rol. This contingency arrangement was developed with colleagues in Rol and supports a the development of a strategic MoU for cross border Health Protection communications and collaboration in response to day to day business and management of an outbreak with implications for impact on population health both sides of the border. Please refer to appendix 5 EU Exit Preparedness from the Permanent Secretary and HSC Chief Executive.

Please refer to section 9.2 for BSO EU Exit Planning.

4.7 Cyber Security

The BSO has reviewed, updated and tested its internal business continuity plans particularly in regard to a number of ICT systems.

Business Continuity Testing has been undertaken for a number of services including Desktop services, Cyber Security Incident Scenario and unavailability of Centre House, most recently completed in September 2018. Some minor process improvements were identified but in general Disaster Recovery plans worked efficiently.

Steps have been taken to enhance resourcing of cyber security within ITS and to establish a cyber security programme compliant with ISO27001, following approval of the business case by the Department of Health.

In addition, the BSO ITS Business Continuity Plans will be reviewed and tested in the next reporting period as part of the Cyber Security Programme, with particular regard to security and delivery of key services impacted by a potential Cyber-attack.

5.0 Key Issues/Risks

During the period, the JEP Board meeting was also kept informed of the scheduled regular meetings between the HSCB/PHA and the HSC Trusts. With reference to Trust annual reports and discussions at the quarterly Trust; HSCB; PHA Emergency Planning meetings areas of future risk are summarised as follows;

5.1 Chemical, Biological, Radiological, Nuclear (CBRN)

There is a requirement for staff training and testing of CBRN plans in relation to staff preparedness in regards to responding to a CBRN incident.

5.2 Training and Awareness

Trusts continue to deliver a programme of training within the limitations of their resources. The PHA Emergency Preparedness has an annual training budget of £30K. Following completion of a Training Needs Analysis (TNA) incorporating HSC Trusts, NIAS, NIBTS, HSCB and BSO, the 2018-2019 regional training plan was agreed (see section 8).

Delivery of training continues to be a challenge in light of limited resources, and the limited ability of HSC organisations to release staff for training due to service demands. On-going targeted training to Trust staff is essential to ensure confidence to respond promptly and effectively to any type of major incident.

5.3 NIAS-Joint Emergency Inter-Operability Principles

The introduction of Joint Emergency Inter-Operability Principles training continued this year for NIAS Officers, with the plan to roll it out to all staff through the annual post proficiency course.

5.4 NIAS-Develop a MTFA Capability

The service are required to develop a MTFA capability. A business case was submitted, the capital & revenue costs were released in 2018/19 with a view to implementing the training and recruitment of staff for a go-live date by the end of the year.

6.0 Incidents Notified and responded to by the PHA, HSCB and BSO.

Table 1 identifies the incidents that were alerted in the time period 1 April 2018 to 31 March 2019.

In the reporting period the PHA/HSCB and BSO responded to a range of incidents. The Joint Response Emergency Plan matrix has been developed to highlight 4 levels of Joint Response, ranging from Level 1 – 4. Level 1 is the lowest level of Joint Response and Level 4 is the most serious incident requiring the highest level of Joint Response.

The previously agreed call-out procedures have been tested as a result of a number of lower level incidents and are available 24/7 through the PHA Duty Room during office hours and through the PH Doctor on call system at NIAS Control outside these hours.

These arrangements have been forwarded to all relevant responding organisations.

Table 1 - Incidents Notified and responded to by the PHA, HSCB and BSO

Date	Incident Type	Involvement	JERP Level
28.08.18	Fire - Primark	PHA contacted regarding fire at Primark. Advice for the public was uploaded onto the PHA/HSCB website.	1
18.09.18	Severe Weather - Storm Ali	Amber weather warning. PHA contacted regarding multi-agency teleconference. Teleconference reconvened at 12 MD on 18.09.18 followed by further teleconferences on 19.09.18 at 5pm & 10am on 20.09.18. There were no increases of pressures or incidents from Health due to the adverse weather.	1 (HSC Silver convened in shadow)
7/12/18	Cyber Attack – GP Practice	Ransomware demand. Business Continuity plans were invoked and the incident control team was stood-up. A major incident was not declared.	1

During the reporting time there were no reports of declared major incidents to the PHA Duty Room.

7.0 Lessons learned and actions taken

7.1 Storm Ali

Storm Ali did not require full activation of HSC Silver. However, to support the multi-agency response to the severe weather event, the Emergency Planning Team in the HSCB with the support of the PHA established lines of communication with HSC Trusts and represented Health on all multi-agency teleconferences and debriefs as required.

7.2 BSO

In December 2018 the BSO, ITS division responded to a ransomware demand on a GP practice. At 07.20 on Friday 7th December a GP practice staff member tried to log onto a pc within the practice and discovered a ransomware demand screen. With the current evidence available the incident was caused by a brute force attack into RDP services, accessing the GP pc via the broadband connection.

The compromised practice was unable to operate for the full day, the two co-located practices could continue to access their Practice and Clinical information but unable to access Western Trust resources such as lab results etc. A small number of the patients not able to get results – business continuity plans were invoked.

The technical resolution was efficient, effective and contained the incident. The incident team stood up as required, including the establishment of an incident control room, roles assigned and incident process followed. As a Major Incident (MI) was not declared, the MI Communications plan was not initiated. However there are a number of key areas which have been identified and will be taken forward in the Cyber Incident response plan.

Following the ransomware attack on the GP practice, The BSO, ITS carried out an Incident Review. A number of key actions were identified and will be taken forward as part of the Cyber Incident Response Plan. A copy of the Incident Review Report can be seen in appendix 6. Please refer to table 1, section 6.

8.0 Testing, exercising and training

8.1 Training funded by PHA training budget

A dedicated recurring emergency planning budget of £30,000 per annum was agreed in 2012. It has been the responsibility of the PHA to oversee this budget and source relevant training for key staff within HSC partner organisations. The following tables highlight the training sourced and provided to HSC staff during 2018-2019 reporting period and covered by the training budget.

Table 3 illustrates additional training sourced and funded by the PHA and HSCB to meet the requirements of the 2018-2019 organisational training needs analysis and to address some of the learning outcomes from the 2017 regional mass casualty table top exercise. This training was covered by additional funding identified following submission of a business case.

Table 2 – Training funded to HSC Trusts, PHA, HSCB and BSO 2018-2019

Date	Venue	Programme/ Topic	Provider	Course Cost	No. of attendees
HSC TRUSTS					
3 rd and 4 th October 2018 2 days 6 th and 7 th March 2019 2 days	Park Avenue Hotel	HMIMMS Course x2	ALSG / NIAS	£10,000	22
Thursday 4 th October 2018 1 day 9:30 – 16:30	Leadership Centre ICT Suite 2	Resilience Direct	RP Solutions	£1000	11
20 th and 21 st November 2018 2 days 09:30 – 16:30	Belfast Central Mission Cabaret Style	Media and Communications Strategies for Effective Emergency Response	Emergency Planning College	£4850	15
Tuesday 5 th & Wednesday 6 th March 2019 2 days	Linenhall Street Conference Rooms 1, 2 &3	Emergency Operational Centre- Tactical Emergency Management	Emergency Planning College	£3850	16
Thursday 7 th March 2019 1 day	Linenhall Street Conference Room 1	Debrief Training	EPC	£2450	11
Tuesday 29 th & 30 th January 2019 2 separate days (1 day course)	Lissue	PRPS suits Train the Trainer	NARU	£1331.36	19
HSCB / BSO / PHA					
22 th May 2018 – 25 th May 2018	Riddell Hall, Stranmillis, Belfast	Emergency Operational Centre; Tactical Emergency Management	Emergency Planning College	£3850	15

Date	Venue	Programme/ Topic	Provider	Course Cost	No. of attendees
4 th July 2018	CR 3, Linenhall Street, Belfast	CBRN / HAZMAT / STAC	PHA / NIAS / NIFRS / PSNI	No cost	11
1 st August 2018 – 31 st March 2019 13:00 – 14:00	Linenhall Street Conference Rooms 1, 2, 3 & 4	EP awareness training sessions	PHA Emergency Planners	No cost	69
4 th September 2018 – 5 th September 2018	Riddell Hall, Stranmillis, Belfast	Strategic Crisis & Emergency Management Course	Emergency Planning College	£3850	16
6 th September 2018	Riddell Hall, Stranmillis, Belfast	Debrief training	Emergency Planning College	£2750	14
12th March 2019	Linenhall Street, Belfast	Brexit awareness training- AMT & SMT	PHA; HSCB	No cost	14
13 th March 2019	Linenhall Street, Belfast	Brexit awareness training - Unscheduled Care Nursing Team	PHA	No cost	5
Total:				£33,931.36	

Table 3 – Additional Training sourced and funded by PHA and HSCB 2018-2019

Date	Venue	Programme/ Topic	Provider	Course Cost	No. of attendees
Thursday 22 nd November 2018	Glenavon Hotel, Cookstown	Environmental Health Officers & Port Health Conference	PHA	£3797.50	104
February 2018	SHSCT	Regional SWANN training day	Fiona Murphy (Salford) Jennifer Leeming (HMC)	£2,000	Regional workshop
Thursday 2 nd & 3 rd May 2019	Riddell Hall, Stranmillis, Belfast	Strategic Crisis & Emergency Management Course	Emergency Planning College	£3850	18
Tuesday 14 th May 2019	Elliott Dyness, RVH	BHSCT EMERGO Training	Public Health England	£33,000	60
Wednesday 21 st August 2019	Riddell Hall, Stranmillis, Belfast	STAC Training	Public Health England	£7948	20
Total:				£50,595.50	

8.1.1 Environmental Health Officers (EHO) & Port Health Conference

PHA Health Protection works jointly with the council EHO's to provide an emergency response to infectious diseases and/or outbreaks within Northern Ireland Ports. Training was identified as a need following the APHA Ship Inspections in October 2018 and was highlighted at the Health Emergency Planning Forum (NI).

8.1.2 Strategic Crisis & Emergency Management (SCEM)

Due to the changeover of staff and the appointment of new Directors within the HSCB & PHA and the role of Directors within HSC Tactical (Silver) Command & Control training was identified. Following the positive feedback from the SCEM held in September 2018 it was agreed to schedule the course again for May 2019.

8.1.3 EMERGO Training

In light of learning from the terrorist events in 2017 and following discussions with CMO in June 2017, the PHA and HSCB were tasked to lead on the co-ordination of the development of the regional mass casualty plan for NI. This work was consolidated in a regional table top exercise in December 2017. In light of learning from this exercise the PHA EP Lead submitted a training proposal for the PHE EMERGO training system to be delivered to the NI Major Trauma Centre, BHSCT. This training has been funded by the HSCB and is scheduled for the 14th May 2019. A copy of the EMERGO proposal paper can be viewed in appendix 7.

8.1.4 Scientific Technical Advice Cell Training

The PHA has a statutory responsibility to deliver training on CBRN/HAZMAT to Health Protection staff & Multi-agency partners who would be part of a STAC

Funding proposal papers have been submitted and approved for each of the training mentioned above.

During the reporting period, staff from the PHA, HSCB and BSO attended a number of exercises as outlined in table 3.

Table 4 - Exercise Table 2018-2019

Exercise Name	Date	Attendees	Exercise Type	Organiser
Royal Princess Cruise Ship	23 rd August 2018	PHA; NIFRS; PSNI; BEPG members; NIAS; Cruise ship personnel	Table top exercise to test an evacuation of a ship	Belfast Emergency Preparedness Group (BEPG)
Evacuation Exercise - BSO	September 2018	BSO	Evacuation exercise to test BSO Disaster Recovery Site	BSO
MOD Ex Shamrock Responder 18	18 th October 2018	DoH ; PHA; PSNI; BCC; NIAS; Executive Office; Military	Table top exercise to test a Pandemic Influenza military response	MOD
PSNI Brexit Exercise	11 th December 2018	Trusts; PHA; DoH; local councils; PSNI;	Table top exercise	PSNI
Multi-agency Recovery Training Desktop Exercise	16 th & 17 th January 2019	Trusts; PHA; Councils; NIAS; NEPG members	Table top exercise to test the Regional Recovery Plan	Northern Emergency Preparedness Group (NEPG)
DoH EU Exit Exercise	5 th February 2019	Trusts; PHA; NIAS; DoH	Table top exercise	DoH
National CBRN CPD Event	19 th February 2019	PSNI; NIAS; PHA; Trusts	Table top Event	PSNI
Social Services Regional Workshop	7 th March 2019	HSCB; PHA; Trusts; RQIA	Table top exercise to test Regional Business Continuity Plan for Care Homes	HSCB; PHA
EU Exit Exercise Newforge	December 18, January 19 & March 19	Trusts; PHA; HSCB; Councils; DOH	Table top exercises	PSNI

9.0 Business Continuity Management

The Board, PHA and BSO have in place business continuity plans for their respective organisations which meet the requirements of the ISO 22301/22313.

9.1 PHA

As part of the annual review of the organisations business continuity plans, the PHA completed a desktop exercise to test contingency plans on 7th November 2018. The objectives of the exercise were to;

The Objectives of the exercise were:-

- To achieve the targets identified in the PHA Annual Business Plan and as required by the Department of Health (DOH);
- To test and review the PHA Business Continuity Plan on an annual basis (to ensure arrangements are in place to maintain critical services to a pre-defined level in the event of a business disruption);
- To raise awareness of the Business Continuity Plan with key staff;
- To exercise aspects of the plan by highlighting scenarios through discussion-based exercise;
- To identify any amendments required to the plan in terms of key services and strategies.

A copy of the debrief report and agreed actions can be seen in appendix 8.

All Business Continuity Plans have been reviewed in terms of its critical services and updated during the reporting period.

9.2 HSCB

As part of EU Exit 'no deal' preparations, the HSCB Business Continuity Plan was reviewed and updated to take cognisance of the planning assumptions and risks identified by the Arms Length Bodies (ALB) EU Exit Forum representatives.

The HSCB, along with the PHA and BSO collated and reviewed EU Exit (No Deal) impacts on Business Continuity as part of SitRep submission to DOH during March and April 2019.

HSCB Business Continuity was considered at a walkthrough of the EU Exit (No Deal) Concept of Operations with the HSCB Senior Management Team on 12th March 2019 and again on 13th March 2019.

9.3 BSO

The BSO preparations for EU Exit in a “no deal” scenario focused on the following three key areas which were highlighted for the development and testing of contingency plans:

Healthcare Supply Chain (Medicines and Medical Supplies)

Work was undertaken to assess the implications of EU Exit on medical devices and clinical consumables (MDCC). MDCC BSO undertook an exercise to establish the perceived impact of a “no deal” exit on existing contractors’ abilities to fulfil contractual obligations. The BSO wrote to 820 contractors covering 2936 contracts on 3 August 2018. The purpose was to identify specific impacts on deliveries of goods across the HSC, in addition to indicating to contractors that HSC was making plans for various scenarios and outcomes from the EU Exit negotiations. This included contracts awarded by the BSO on behalf of HSC for medicines. BSO engagement with these contractors has resulted in circa 85% of the suppliers contacted by BSO Procurement and Logistics Services (PaLS) providing adequate assurances on the availability of products to the HSC Trusts with follow up activities being undertaken to seek assurance from the remaining 15% of suppliers.

Disruption to cross border movement and/ or free movement of people

The BSO undertook an exercise to assess the potential for disruption of cross border movement and free movement of people. It established that those that may possibly

be affected are not frontier workers and have the option to work flexibly and/ or remotely if there are difficulties travelling to work.

9.3.1 EU data transfer

Work to identify the impact for the Department of Health and ALBs in the event of a “No Deal Scenario” is ongoing at Departmental level. BSO has provided information in relation to the data transfers potentially affected.

As part of the BSO’s ongoing preparation for EU Exit, a scenario based table top test of the BSO’s business continuity arrangements took place in March 2019 assessing the impact and possible implications for the BSO of a series of EU Exit based scenarios.

The Corporate Business Continuity Plan was updated prior to the table top business continuity exercise to incorporate EU Exit considerations.

The BSO also participated in both the testing of and live SitRep reporting to HSC Silver during March and early April.

A cyber related business continuity test took place across the BSO’s Procurement and Logistics Division, in February 2019. The BSO plan to roll out this test across the Organisation in the next reporting year. Results will inform a cyber security addendum to the existing business continuity plans.

The BSO are currently undertaking a review of Human Resource and Corporate Services structures and will ensure that as part of that review that emergency planning structures are fit for purpose.

10.0 Core Standards Assurance

Core Standards for the HSCB and the PHA for the period 2018-2019 were completed as full compliant.

10.1 BSO

The new self-assessment questionnaire has been completed for submission to the DoH Policy Lead and action plans are in place to address any identified gaps in compliance. The new Emergency Planning Baseline questionnaire required by the EPB Policy Lead has also been completed. This is RAG rated and also has an action plan designed to address any gaps in compliance.

11.0 Action plan for the next 12 months to manage identified risks and areas of concern raised during responses to actual incidents.

11.1 Further specialised training and CPD events

Following approval, the 2019-2020 Emergency Preparedness annual training programme will be implemented and specialist training procured. This will help to ensure staff maintain the key skills required to respond effectively to incidents and support organisational resilience. This training programme will include HMIMMS and specialised training as identified by the training sub group.

11.2 Training Budget

The 2018-2019 schedule of training highlighted that the current DoH training fund does not sufficiently cover HSC training requirements for emergency preparedness. A recurring dedicated emergency planning budget of £30,000 per annum was agreed by the DoH (NI). Following the annual allocation of approximately £10K to support HMIMMS training for Trusts, this leaves £20K to support the delivery of specialised training for HSC Trusts, PHA, HSCB and BSO. It was the responsibility of the PHA to oversee this budget and source relevant training for key staff within HSC partner organisations. The budget allocation has not been reviewed for a number of years. Recent terrorist events, the threat of a cyber security incident, pandemic and the increasing number of mass gathering events in NI, as well as the demands places on organisations due to EU exit have highlighted the requirement for the delivery of accredited specialised training courses for emergency response in NI. Delivery of recognised accredited training will ensure that the NI HSC is aligned

to national best practice Emergency Preparedness Resilience and Response (EPRR).

11.3 EU Exit preparedness

The NI 2010 Emergency Powers Directions outline that in the event of a major incident impacting on two or more Trusts, the HSCB, PHA and BSO have the collective authority to direct and redeploy all necessary HSC resources to deliver an effective health response for the duration of the emergency. There is no contractual provision to require staff to participate in the Joint Response Emergency Plan which requires out of hours working apart from those who are on an existing on –call service rota. There will in the case of activation be a need to ensure there is adequate resource available to ensure the Joint Emergency Response Plan is effective.

As part of EU Exit preparedness, a review of current arrangements highlights that the organisations operational response following activation of an emergency response is supported by staff who are not on an existing rota support and respond on a good will voluntary basis. There has been an expressed concern among staff that the terms and conditions of AfC are not sufficient to recruit support on an ongoing basis if there was a requirement to support a sustained response to an incident or management of an outbreak. This issue came to light following EU Exit contingency planning where by staff remonstrated against a voluntary response based on the terms and conditions of AfC. This remains an area of concern, however following joint working with BSO HR and Trade Union partner organisations it is endeavoured that appropriate arrangements will be developed to ensure that volunteer staff are appropriately compensated for their time in adherence to AfC terms and conditions.

12.0 Conclusion

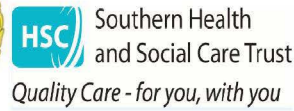
2018/2019 saw significant changes at HSC ‘Silver’ with structural changes and staff resignations/retirements impacting across all sectors in the PHA and HSCB.

Despite these pressures, HSCB and PHA staff continued to ensure key issues were addressed during this period and that capacity and preparedness at regional level were as robust as possible.

The HSCB, PHA and the BSO will welcome further discussions on the future direction of emergency preparedness across the HSC and our staff will continue to demonstrate professionalism and commitment moving forward.

During the period as part of the 'Closure of the HSCB Project' an Emergency Planning (Preparedness and Response) Subgroup of the Design Group structure was established to review current Emergency Planning arrangements across the HSCB, PHA, BSO and DOH, with a view to recommending a direction of travel for the current HSCB roles and responsibilities upon its closure. As a result of this work it was agreed that 'status quo' in terms of current arrangements would continue until such times as the HSCB would close. The work also outlined how 'the Group' would continue to perform the role of the HSCB within Health Silver in the new arrangements.

Appendix 1: Cross Border Health Services Representatives Group – Draft Terms of Reference



Cross border Health Services Representatives Group

Terms of Reference



Background

The Multiagency Cross Border Emergency Management Group (CBEMG) established in 2014 to increase co-operation between all of the statutory agencies HSE National Ambulance Service agency management on a cross border basis and to develop strategies and procedures for emergency and disaster prevention, preparedness, mitigation and response within the border corridor. The setup of a Cross border Health Services Representatives Group was proposed with a central theme of closer cooperation and mutual support between the respective health services.

Name of the Sub Group

The group will be called “Cross Border Health Services Representatives Group”

Aim of the group

The aim of the group is provide a forum that will facilitate representatives from the health services in both jurisdictions to network in a collaborative and productive manner with specific focus on Emergency/Crisis Management.

Membership

The following service areas from both jurisdictions will be represented on the group:

- Ambulance Services
- Public Health
- Hospitals
- Community
- CAWT
- HSE Emergency Management
- HSE North/South Office

Other members may be co-opted on a temporary basis as necessary.

Governance Arrangements

The Chair of the group should alternate on an annual basis. A Vice-Chair will also be appointed and will assume the role of Chair in the year following. Members attending will report directly back through their respective services.

Areas for consideration

1. Review and consider updates from the multi-agency Cross Border Emergency Management Group
2. Review existing MoU's or SLA's currently in place in the context of cross border cooperation for emergency management for health services.
3. Consider training and exercises requirements specific to health services in both jurisdictions
4. Consider protocols that may be developed in the area of health on a cross border basis

Quorum

The minimum number of attendees at any meeting of the Group should be 50% plus one with at least three representatives being present from each jurisdiction.

Chairperson

The meetings will be co-chaired by the HSE and PHA.

Frequency of meetings

Minimum of three meetings per year but more as required. Meetings are to be alternated between jurisdictions.

Sub Groups

Sub Groups may be established to progress various areas of work as and when required.

Review

The Terms of Reference will be reviewed annually taking into account of changes in legislation, guidance or structural changes within organisations in either jurisdiction.

Appendix 2: Health and Social Care Board (HSCB) – Public Health Agency (PHA) - Trusts Health Emergency Preparedness Group

TERMS OF REFERENCE

1.0 COMMITTEE	HSCB- PHA- HSC Trusts Health Emergency Preparedness Group
2.0 PURPOSE	The Health and Social Care Board (HSCB) – Public Health Agency (PHA)- Trusts Emergency Preparedness Group provides an opportunity for member organisations to discuss current issues in relation to emergency preparedness and share best practice and learning.
3.0 MEMBERSHIP	<p>Chair: Senior Emergency Planner PHA (PHA) Emergency Planning (HSCB)</p> <p> Unscheduled Care HSCB Social Services HSCB Emergency Planning SEHSCT Emergency Planning BHSCT Emergency Planning SHSCT Emergency Planning WHSCT Emergency Planning NHSCT Emergency Planning NIAS </p>
4.0 Purpose	<p>4.1 To ensure that Trust plans are compatible with the Joint Emergency Response Plan (JERP).</p> <p>4.2 To act as a co-ordination group for the health response to multi-agency emergency planning fora.</p> <p>4.3 To share learning and provide a forum for the discussion of issues in relation to plan development, validation and training.</p>
5.0 AUTHORITY	5.1 This meeting is convened as an action of the JEP Team.
6.0 MEETINGS	6.1 Quorum – A quorum is the minimum number of members of a committee necessary to conduct business. A quorum will be defined as representation from three Trusts, the HSCB

	<p>and PHA. If a member of the group is unable to attend a meeting a representative should be nominated to attend in their place.</p> <p>6.2 Frequency of Meetings - The Committee will meet every 3 months.</p> <p>6.3 Papers - Minutes and action logs will be circulated to committee members within 10 days before meetings and will detail action points and responsibilities.</p>
<p>7.0 REPORTING</p>	<p>7.1 The Health and Social Care Board (HSCB) – Public Health Agency (PHA)- Trusts Emergency Preparedness Group enables the JEP Team to provide assurance to the JEP Board for its performance in exercising the functions set out in these terms of reference.</p> <p>7.2 Via the JEP Team, the Chair Health and Social Care Board (HSCB) – Public Health Agency (PHA)- Trusts Emergency Planning Group shall:</p> <p>7.2.1 Report formally, regularly and on a timely basis to the JEP Board on the group’s activities.</p> <p>7.2.2 Bring to the JEP Board specific attention any significant matter under consideration from the Health and Social Care Board (HSCB) – Public Health Agency (PHA)- Trusts Emergency Planning Group</p>
<p>8.0 CONFLICT/ DECLARATION OF INTEREST</p>	<p>Under the responsibilities will come a requirement for group members, co-opted members and members of working groups to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.</p>
<p>9.0 REVIEW</p>	<p>April 2018</p>

Appendix 3: Environmental Health & Port Health Training Day-Evaluation

Course Title: Port Health and EHO Training Day
Date: Thursday 22nd November 2018
Facilitators: PHA – Dr Philip Veal and Mrs Mary Carey
Location: Glenavon Hotel, Cookstown

Location of Event = N:84

Dissatisfied	Unsure	Satisfied	Very Satisfied
2 (2%)	2 (2%)	16 (20%)	64 (76%)

Length of Event= N:83 (1 blank)

Unsure	Satisfied	Very Satisfied
1 (1%)	20 (24%)	62 (75%)

Did the training event meet its aims? = N:83 (1 blank)

Unsure	Satisfied	Very Satisfied
3 (4%)	16 (20%)	64 (76%)

How satisfied were you with the presentations? = N:84

Satisfied	Very Satisfied
20 (24%)	64 (76%)

Relevance of topics to your area of work = N:84

Unsure	Satisfied	Very Satisfied
1 (1%)	16 (20%)	67 (79%)

Did the training event meet your expectations? =N:84

Unsure	Satisfied	Very Satisfied
3 (3%)	9 (11%)	72 (86%)

What did attendees find most useful:

The majority of attendees found all aspects of the day, from the presentations to the scenarios, a very interesting and worthwhile event, most attendees commented that they enjoyed the afternoons practical sessions the most – scenarios.

A lot of the attendees commented on how they found the presentation on The Role of Media Communications very interesting, followed closely by the Norovirus outbreak presentations and duty room talk.

A lot of comments were made about it being a useful networking event which helped to clarify roles & responsibilities within some of the different organisations.

What follow-up would be helpful for future training events?

There were a variety of comments recorded for this question, apart from attendees finding the scenarios the most helpful and would like to build on these scenarios, they also would like to see more of these events carried out throughout the year and to include lessons learnt and ‘workers examples’ from a council’s perspective, during an outbreak incident.

A few attendees commented they would like media communication training and next year more time for Nigel Kay’s, Media Communications presentation. Also, more on epidemiological tools and investigations would be useful. The majority of attendees found copies of the Outbreak Plan and Port Health Plan put on the tables very useful.

Additional Comments:

- Thank you
- Very worthwhile training day
- Well organised training event
- Very interesting & enjoyable day
- Fantastic workshop
- Great lunch & venue
- Good networking day
- One of the best events
- Room too cold
- Speakers did not use a static microphone

Appendix 4: The 148th Open Golf Briefing Paper

HSC Emergency Preparedness **The 148th Open 15th – 21st July 2019** **Briefing paper for HSC Trusts** **Planning meeting 25th January 2018**

1. INTRODUCTION

Major sporting and entertainment events are not new to Northern Ireland. In the last few years Northern Ireland has successfully hosted events such as the Irish Open; the World Irish Dancing Competition and the MTV European Awards. From the 15th -21st July 2019, the Royal Portrush Golf Club will host the 148th Open.

Large scale mass gatherings /high profile events present significant challenges to public health. Fluctuating populations and increased population density during mass gatherings contribute to what is believed to be a higher incidence of illness and injury than would occur naturally in a population of comparable size¹. Where many people are gathered together there is an increased risk of transmission of disease, which can have implications both for the host country and the countries to which visitors return.

This event brings with it special challenges for the HSC family and will require planning and preparation across the HSC and multi-agency partners, building on existing emergency preparedness arrangements. Specific health planning will focus on the following areas;

- Disease surveillance and outbreak response
- Environmental health and food safety
- Health care capacity and mass casualty preparedness
- Public health response to CBRN/HAZMAT incidents
- Public information.

In recent years Northern Ireland Public Health has been involved in responding to several incidents associated with large high profile sporting events. In 2006 during the Disabled Olympics in Belfast over 50 disabled participants succumbed to Norovirus and an Outbreak investigation was initiated. Participants were being accommodated at Queens University Halls of Residence and public health worked with Queen's medical services and local environmental health over a bank holiday weekend to manage the outbreak. Then in Aug 2011 at the Boccia World Cup (qualifier for Paralympics) in the University of Ulster Jordanstown the PHA were notified that 15 of the 17 athletes from Thailand had developed a Flu-Like Illness. Pre-games planning and prompt action including throat swabbing and virus lab testing ensured that appropriate public health action and infection control advice was given to prevent the further spread of the illness through this vulnerable group. The Boccia World governing body was also involved as there was potential to significantly disrupt the games.

BACKGROUND

From the 15th -21st July 2019, the Royal Portrush Golf Club will host The 148th Open Golf Championships. The Open, which was played at the Royal Portrush in 1951, is expected to

¹ Global Perspectives for the prevention of Infectious Diseases at Mass Gatherings *The Lancet Infectious Diseases* [Volume 12, Issue 1](#), Pages 66 - 74, January 2012

be the biggest sporting event ever held in Northern Ireland, generating more than £70million in terms of economic impact and destination marketing benefit. At this time, attendance based on ticket sales is as follows;

Sunday 14th – 7,000
Monday 15th – 10,000
Tuesday 16 – 20,000
Wednesday 17th – 30,000
Thursday 18th – 42,500
Friday 19th – 42,500
Saturday 20th – 42,500
Sunday 21st – 42,500

In addition the global audience for this event based on previous figures is 80 million with a 600million reach.

Based on ticket sales, attendees' country of origin is as follows;

NI 47%
ROI 20%
England 15%
Scotland 2%
USA 8%
Rest of World 6%

2. MULTI-AGENCY PREPAREDNESS/ ORGANISATION TO DATE

The multi-agency preparedness for The Open being directed by R&A (Royal and Ancient). NI Tourism holds the contract for the event which is being enabled by Causeway Coast and Glens (CC&G). Planning for this event commenced in March 2016.

To date, health involvement in planning for this event has been limited to NIAS and in November 2018, the PHA Emergency Planning was asked to join a number of multi-agency planning sub-groups. The planning structure for this event can be seen in appendix 1. The first meeting of the medical sub-group is scheduled for the 12th February 2019. It is anticipated that this group will focus on the following;

- First Aid
- Emergency Medical Services
- Ambulance Transport Services (including Air Ambulance)
- Specialised Ambulance Services including CBRN response
- Medical Incident Officer

In light of the anticipated influx of visitors from around the globe and the ongoing preparations for the provision of additional accommodation, transport management, catering, health advice, the PHA (Health Protection) is working directly with the EHOs from Causeway Coast and Glen's Council.

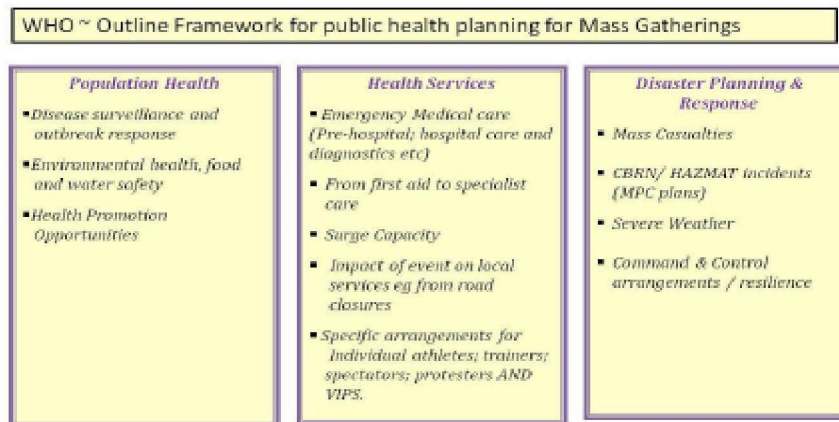
3. HSC PREPAREDNESS

Given the scale of the event it is important that a clear and robust project plan is in place to take forward the various strands of HSC preparedness.

The WHO framework (Fig 1 below) for planning for mass gatherings sets out the three areas that 'health' should consider in their preparedness. HSC preparations should involve the following steps:

- A Risk Assessment of the event taking into account the three areas within the WHO framework. HSC organisations are advised to risk assess the impact this event may have on service delivery, business continuity arrangements, emergency preparedness and response.
- The development of a HSC overarching operational plan for The Open to include SOPs where appropriate.
- An assessment of the HSC resource implications of any special HSC arrangements including staffing levels during the events that need to be put in place in particular for the duration of The Open.

Figure 1 WHO Framework



4. RISK ASSESSMENT

Following completion of a risk assessment for the event, the three areas of HSC preparedness for the three Major Events should be considered as part of the development of an SOP for the event and review of plans by HSC organisations.

5. PROJECT STRUCTURE

To facilitate lines of communication and sharing of planning information between the event multi-agency planning groups and HSC organisations, a HSC planning group has been established to ensure all the various strands of HSC preparation and planning are tied together, building on existing emergency planning arrangements and to facilitate a central point of contact for the wide range of multi-agency partners supporting this event. A small project team will be established from across PHA and HSCB in order to progress the various strands of work including an event risk assessment and recognition of the potential impact of the event on HSC organisations. In this way any gaps identified may have the appropriate steps taken to address these. Figure 1 outlines structure of the planning groups. Table 1

reflects membership of the HSCB:PHA: Trust Joint Planning Group membership for the Open.

(Fig 2)

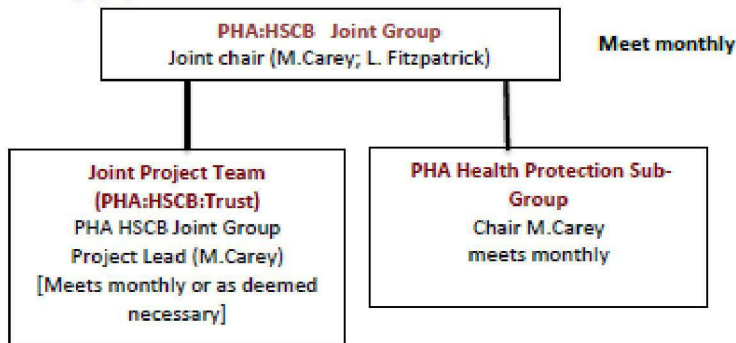


Table 1. PHA:HSCB:Trust Joint Planning Group membership

Role	Organisation	Leads
Chair(s)	PHA	Mary Carey/ Liz Fitzpatrick
Support	PHA	Sinead McCavigan
Emergency Planning	NIAS	Jeff McClure
Emergency Planning	NHSCT	Kellie Liddie
Emergency Planning	WHSCT	Joanne Campbell
Emergency Planning	BHSCT	Kerrie Fletcher
Emergency Planning	SHSCT	Teresa Cunningham
Emergency Planning	SEHSCT	Valerie Walker/ Claire Boyd
Emergency Planning	NIBTS	Jenny Calvert
PMSI	HSCB	Rosie Byrne
Emergency Planning	NIFRS	Paul Harper

6. EXERCISE

A multi-agency table top exercise for this event has been scheduled for Tuesday 21st May 2019.

7. NEXT STEPS

Tables 2 identifies the areas that need to be considered initially by the Project teams. The first meetings of the above groups will be timetabled for January 2019.

Areas for consideration / decisions	
Health Services	Risk Assessment of impact of possible scenarios on HSC
	What is needed/ required / being asked for by visitors of the HSC?
	Utility of existing service model and existing business continuity and emergency plans to meet needs identified
	<ul style="list-style-type: none"> ▪ What is the best model to manage: <ul style="list-style-type: none"> ○ Individual minor illness/injury ○ Cluster of minor illness / injury ○ Specialist care of seriously ill ○ Diagnostic capacity ○ Care of the professional golfers
	What is level of involvement of primary care needed?
	What is the balance of local versus central HSC capacity needed
Disaster Planning & Response	What additional staffing will be needed?
	<ul style="list-style-type: none"> ▪ Service Capacity monitoring <ul style="list-style-type: none"> ○ Utility of existing systems and planning arrangements ○ Frequency of reporting as determined by HSC Tactical co-ordination (Silver) if convened as part of incident response.
	Review of Trust Business Continuity Plans and escalation across trusts
	<ul style="list-style-type: none"> ▪ Development of event SOP building on existing emergency preparedness plans; <ul style="list-style-type: none"> ○ Major Incident ○ Mass Casualty Plans ○ CBRN / HAZMAT Plans ○ MPC plans
Exercise	<ul style="list-style-type: none"> ▪ Multi-agency exercise 21st May 2019

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Table 4. Areas For Consideration / Decision

Areas for consideration / decisions	
Public Health	Surveillance: <ul style="list-style-type: none"> ▪ <u>Utility of Existing Systems</u> (frequency: indicators: coverage) ▪ <u>Enhanced surveillance</u> needed and for what indicators? ▪ <u>Sources of information</u> (Event venue/ hotels/ hospitals/ primary Care...) ▪ <u>Process</u> (& associated Resource requirements) <ul style="list-style-type: none"> ~ Electronic Vs manual return ~ Daily for the duration of the event- for consideration ~ Surveillance staffing within PHA ~ Daily review team
	Outbreak Response: <ul style="list-style-type: none"> ▪ <u>Pre-event EHO visits</u> to venues and accommodation sites ▪ <u>Notification</u> ~ Timeliness need for enhanced process during event (eg daily proforma return from local primary care/ ED/laboratories/event site via EHOs or members of the public) ▪ <u>Resilience</u> ~ Food Related incident <ul style="list-style-type: none"> EHO & PH ~ Non-Food Related ID Incident (PH and other clinical)
	<u>Laboratory support</u>
	Health Promotion- NHSC- TBC

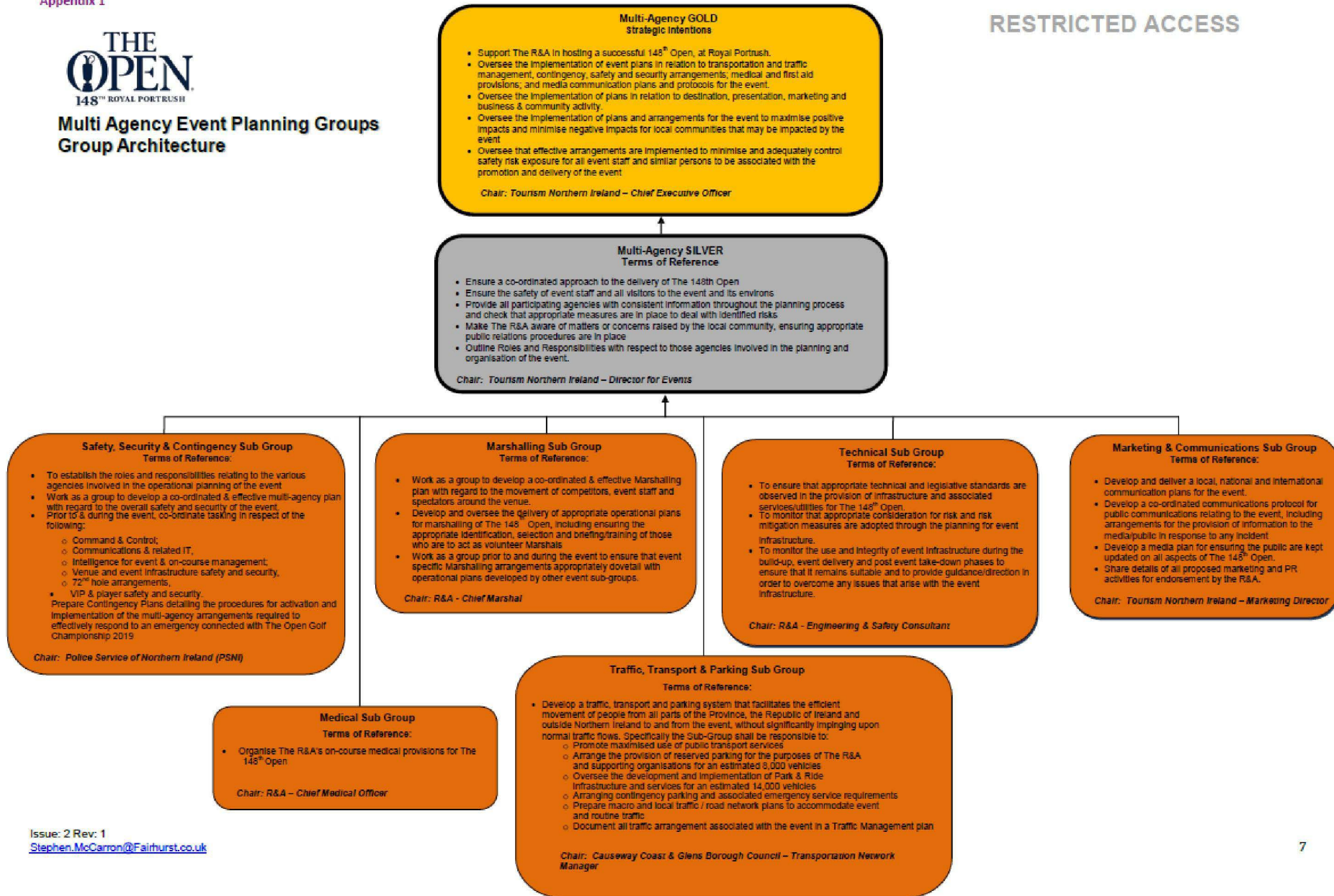
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Appendix 1



Multi Agency Event Planning Groups Group Architecture

RESTRICTED ACCESS



Appendix 5: EU Exit Memo from Permanent Secretary

From the Permanent Secretary
and HSC Chief Executive



Irrelevant & Sensitive

HSC Chief Executives

Tel: [Redacted]
Fax: Irrelevant & Sensitive

Email: [Redacted]@health-ni.gov.uk

Our ref: RP3394

Date: 21 January 2019

Dear Colleagues

EU EXIT PREPAREDNESS

Following the most recent ALB EU Exit Forum meeting on 20 December 2018, your EU Exit contact will have made you aware of the escalation of activity on preparedness for EU Exit. I want to pass on my thanks to all those involved for their continued efforts.

With less than three months remaining, it is now necessary to further strengthen preparedness. To that end, this letter gives an overview of the steps the Department is taking, and indicate what will be expected from your organisations going forward.

The Department has established three main workstreams, all of which are crosscutting. Further information on each is set out below.

1. **Contingency Planning** led by La'Verne Montgomery;
2. **Emergency Planning** led by Liz Redmond; and
3. **Departmental Business Continuity Planning** led by Brigitte Worth.

1. Contingency Planning

The contingency planning workstream is concerned with planning for a 'no deal' scenario and covers a time period 6 weeks ahead of EU Exit and up to 24 weeks afterwards.

The UK Department of Health and Social Care (DHSC) published Operational Readiness Guidance in December 2018 which provides contextual background to this work. Whilst focussed on NHS England, many of the issues, risks and mitigating actions are common. We have sustained and ongoing engagement with the DHSC and colleagues in other devolved administrations. The guidance can be accessed online: <https://www.gov.uk/government/publications/brexit-operational-readiness-guidance-for-the-health-and-social-care-system-in-england>

A Healthcare Services Contingency Planning workshop attended by stakeholders (including ALB EU exit contacts) was held on 16 November 2018. The output from the workshop was a Risk Template, setting out identified risks, their impact and mitigating actions (both preventative and contingency). This key document has been shared with your representatives, with an updated version issued today.

A nominated Director in the Department is responsible for completion and sign off of each of the preventative / contingency actions by 15th February 2019.

In addition, the Department has identified the need for three specific contingency plans which must be developed, tested and signed off before 25 January 2019, these are as follows:

- a) Medicines Supply Contingency Plan – Lead Cathy Harrison
- b) Potential Disruption to Movement of People – Lead Andrew Dawson
- c) Data Task Force – Lead La'Verne Montgomery

Departmental leads will work closely colleagues in ALBs as required to ensure all mitigating actions are done within required timescales and Contingency Plans are delivered and tested.

Given the nature of this work, and its criticality to our collective preparedness for EU Exit, please ensure that your staff are made aware of the importance of this work and that any requests for input are dealt with as a matter of urgency.

Further meetings of the ALB EU Exit Forum will take place on today and on 12 February 2019, and members are aware of these dates. I would be grateful if you could ensure your organisation is represented.

2. Emergency Planning – C3

In tandem with contingency planning, we are stepping up our arrangements for responding to any immediate adverse health or social care consequences of the UK's exit, in particular if there is a 'no deal' scenario.

In NI, the Executive Office (TEO) is leading on C3 plans (Command, Control and Co-ordination) and the Head of Civil Service, David Sterling, has asked all NICS Departments establish a Departmental Operations Centre (DOC). To that end,

volunteers have been sought from across the Department to participate in the DOC and training will commence in the coming days.

We have been advised that the DOC should be available to run from mid-February for a period of around six months in order to manage potential impacts of a 'no deal' exit. Each DOC will feed into an NI Hub who feeds through to Civil Contingencies Group (CCG) and ultimately to the Secretary of State.

Expected Reporting Requirements

During the peak period around 29 March 2019, it is expected that Departments will be asked to produce three daily Situation Reports (at 6:00, 14:00 and 17:00 with the final being the main daily sitrep). This will obviously impact on colleagues in Health and Social Care who may be required to provide information for these sitreps.

It is expected that, in the main, reporting will be by exception. However, it is assumed that there will be some need for 24 hour reporting particularly around 29 March.

I know that you will all have Emergency Response Plans in place. I strongly encourage you to review these to ensure you have suitable arrangements in place to be able to manage major incidents and supply information, potentially over a prolonged period.

Testing of Procedures

An important part of preparedness is testing our procedures, and in the HSC, we are perhaps in a unique position due to the nature of our services and our Gold, Silver and Bronze command structures.

Therefore it would be prudent and sensible that testing is cognisant of this. I also recognise the need for proportionality in our preparedness. To that end, you will want to be aware of the following planned exercises:

- **5 February:** One day DoH tabletop exercise (*Emergency Planning leads only*)
- **12, 13 and 14 February:** Northern Ireland exercise led by TEO
(*three DOC shifts to be tested over three days; likely to require some information feed from HSC organisations to Department DOC*)
- **27-28 February:** 24-hour national exercise led by Cabinet Office.

We anticipate some level of involvement of the wider HSC, and through your Emergency Planning Leads, we will share more information about what this will entail as it becomes available.

There has been ongoing discussion with Emergency Planning Leads on these matters. As you can imagine this has been a developing picture but as information emerges we

are committed to sharing this with your representatives. Again I would ask you to ensure staff are aware of the importance of this work, and support their involvement in preparations at a local level.

3. Departmental Business Continuity Planning

Business Continuity Planning focusses on ensuring that core support services are available to Departmental staff to enable them to do their jobs in the event of an unusual incident. This is critical not least to ensure the continuity of the Emergency Response structures.

Both Departmental and Business Area Continuity Plans are currently being reviewed and tested. Please ensure that this process is also carried out in your organisation.

Again, I reiterate my thanks to those from your organisations involved in this critical work. If you have any questions, please contact the leads set out above.

Yours sincerely

Irrelevant & Sensitive

RICHARD PENGELLY

Cc: TMG
La'Verne Montgomery

Name Redacted

Departmental EU Exit Group
ALB EU Exit Points of Contact

Appendix 6: BSO GP Practice Ransomware Attack

BSO DRAFT REVISED FORMAT

Review Date: 10/12/2018

Review Team Members:

NR	NR	NR	Name Redacted	
NR	NR	NR	NR	NR

1. Details of Incident

At 07.20 on Friday 7th December a practice staff member tried to log onto a pc within the practice and discovered the ransomware demand screen. She initially contacted the supplier and GMS support. GMS support staff were immediately despatched onsite after discussions with GMS Manager. The following was discovered:

- An Oak Call recording pc (purchased and managed by the practice) had been logged into using the call recording user account but when the user tried to access with the account they were unable to gain access.
- The practice manager’s pc was locked to the screen displaying the ransomware demand.
- All data folders contained on the practice server (non-clinical) were encrypted.
- A broad band connection was discovered connected to the call recording machine
- All other machines in the practice, at this time were unaffected on first inspection.

Immediate action was taken to disconnect the practice from both the GP network (3 Vlans) including the co-located surgeries and the HSC Western Trust network; there were a number of trust devices within the practice. The broadband connection was removed from the call recording pc.

2. Cause of Incident

With the current evidence available the incident was caused by a brute force attack into RDP services, accessing the GP pc via the broadband connection. Compromising the network logon account (elevated) the hacker shut down Sophos, installed compromising software (PC Hunter) and the ransomware; there is evidence they tried to remove this again.

Logs and .txt files were sent to Sophos for analysis with Sophos confirming this was a variant of Dharma, which had been identified and updated within the AV product in October 2018, however Sophos had been disabled on the machine; by the hacker it is believed.

3. Impact on services

The compromised practice was unable to operate for the full day, the two co-located practices could continue to access their Practice and Clinical information but unable to access Western Trust resources such as lab results etc. A small number of the patients not able to get results – business continuity plans were invoked. At this stage there is no evidence of data loss.

4. Remedial action to restore services

- Surgery disconnected from GP /Trust Network
- Compromised equipment (3 pc's) identified and removed to secure location
- Broadband connection removed from compromised pc and turned off
- Successful backup confirmed from the night previous and server files restored, full scan completed
- All pc's in surgery updated with Sophos, Intercept X manually installed on clients, patching updates confirmed and fully scanned
- All practice and network password changes completed for all 3 co-located surgeries, once confirmation the surgery was complete they were reconnected to the GP/Trust network. This took place over the weekend and all services available by surgery opening on the Monday morning.

5. Notifications

BSO service desk notified and informed to monitor and communicate any further reports of instances. Initial communications via individuals to all Trusts/DOP's/Heads of IT/Board/DOH and PHA. All organisations agreed to send out a broadcast email to staff requesting vigilance. Statutory notification to ICO/NCSC/PSNI was completed with regular communication from PSNI if assistance required.

Notification sent to DOH England describing the incident as a major Cyber-attack which was incorrect, this needs further investigated as to the information flow and miscommunication issue.

6. Follow-up Actions

There are a number of immediate and longer term actions identified and agreed with the relevant parties involved:

Immediate:

A letter to all GP's requesting a questionnaire to completed identifying a number of key areas:

- Any Broadband connections within their practice
- Devices connection to the GP network and to broadband simultaneously
- Identifying non GMS provided equipment connected to the network
- Details of all suppliers who connect remotely to the practice
- Revisit password policy for their practice
- Ensure Backup process is followed and tested
- Check AV is fully up to date on all pc's

This information is currently being reviewed and follow-up actions and site visits required with some practices.

- PSNI – have received the compromised pcs and taken an image to complete the forensics, awaiting response.
- HSC Wide Cyber Incident response process is drafted for distribution, taking some of these lessons into account.
- Desktop exercise to test the HSC Cyber Incident Response Plan

Longer term actions:

- GP modernisation programme and Cyber work plan
- Working with GP suppliers to enforce a number of key security policies

7. Lessons Learned

The technical resolution was efficient, effective and contained the incident. The incident team stood up as required, roles assigned and incident process followed. As a Major Incident (MI) was not declared, the MI Communications plan was not initiated. However there are a number of key areas which have been identified and will be taken forward in the Cyber Incident response plan:

- Initial communications was difficult while the nature and impact of the incident was unclear.
- Contact details of both BSO internal and trust staff not available to all those who need access.
- External communications to PSNI/NSCS/ICO/Corporate Comms etc and how these should be managed. Mapped to Cyber Incident Plan
- Templates are required for effective communications, update briefings, agendas etc. to ensure briefs are clear, concise and reflective of the situation.
- Scribe identified to minute all briefing and information received into the command room.

- Service desks and their role in an incident needs to be clearly defined and communicated across the HSC.
- Command rooms – access to operational functions/locations/resources/access to telephone/conference phones/white boards etc. must be contained within plans.
- On-call arrangements – how would we react to a Cyber incident out of hours?

Appendix 7: EMERGO Proposal Paper

HSC EMERGENCY PREPAREDNESS EMERGO TRAINING

1. INTRODUCTION

In light of learning from the terrorist events in 2017 and following discussions with CMO in June 2017, the PHA and HSCB were tasked to lead on the co-ordination of the development of the regional mass casualty plan for NI. This work was consolidated in a regional table top exercise in December 2017. In light of learning from this exercise and joint working with Public Health England (PHE), the HSCB agreed to fund the Emergo Training System (ETS) for the NI Major Trauma Centre (MTC) RVH. The following paper provides an overview of the accredited training system and level of commitment required from the BHSCT.

2. GOOD PRACTICE AND REQUIREMENTS

Emergency preparedness training is embedded in Northern Ireland guidance:

Northern Ireland Standards in Civil Protection, Chapter 7: Standard 5
“Organisations should ensure that all those involved in emergency planning and/or response are adequately prepared”

Northern Ireland Civil Contingencies Framework states *“The staff who will implement the response need to be aware of their part in the response, how that fits with the role of other players and how management and co-ordination mechanisms will work”*.

“Emergency preparedness is a systematic and on-going process, preparing organisations for emergencies”

Following a number of terrorist events in London and Manchester in 2017, the PHA engaged directly with the PHE as part of the shared learning process. One of the areas of best practice as identified following learning from Manchester was the completion of Emergo training by staff who had responded to the incident. The debrief report following this incident directly accredited the success of the staff response to this PHE training programme.

Following publication of the HSC Mass Casualties Incidents: a Framework for Planning (March 2018), a letter was circulated from the Chief Medical Officer to Trust Chief Executives outlining required actions by trusts following publication of framework and emphasising the need for training.

‘Chief Executives are also asked to promote the need for ongoing training, familiarisation and exercise in into the techniques that best safeguards the welfare of both responding staff and the casualty in the event of a mass casualty situation’(HSS(MD)6/2018).

Following circulation of the above correspondence, the subsequent HSCB letter to Trust Chief Executives (HSCB Ref:PL/2018/020) requires Trusts to provide assurance that the actions outlined in the CMO letter have been completed.

3. BACKGROUND

Since 2012 the PHE has been the recognised UK faculty for delivery of the Emergo Training System. Training is delivered via their full time training department.

Emergo Train System (ETS) is a simulation system used for education and training in emergency and disaster management. It is used worldwide and can test and evaluate incident command systems, disaster preparedness, the effect on the medical management system and resilience within an organisation.

ETS was developed and is administrated at the KMC - Centre for Teaching and Research in Disaster Medicine and Traumatology in Linköping, Sweden in collaboration with Linköping University. ETS is a validated system and is being continuously developed in association with other universities, subject matter experts, ETS faculties and senior instructors. The core of the system is based on actual research within different areas associated with crisis and disaster management.

Following discussions with colleagues in the PHE, the PHA Senior Emergency Planner had the opportunity to travel to London and Newcastle-Upon-Tyne to observe the training. The benefits of this system are as follows;

- A bespoke training plan is developed and delivered to meet the requirements of the Trust size, demographic, services, surge capacity and emergency plans. This is facilitated through joint working between the Trust Emergency Planner and the PHE Training Team in advance of the training day.
- The provision of education and training in emergency- and disaster medicine
- Education and training in command and control
- Testing the Trust's preparedness and management of emergencies, major incidents and disasters.
- In addition to running a command post, the Emergo training will test the Trust's surge capacity plans
- Independent assessment and evaluation of individual roles and functions throughout the Trust's emergency response system.
- Evaluation of patient outcome based on the exercise scenario.
- Data collection for the participating Trust and external accreditation of the exercise outcomes

- Independent assurance and the provision of an externally validated exercise report.

4. WHO CAN BENEFIT FROM THE TRAINING

Bronze Command (Trust Incident Co-ordinating Team) and all Trust staff who have a co-ordinating role in every department as part of the Trusts mass casualty/ major incident response.

5. AGREED PROPOSAL

It has been agreed with the HSCB that the PHE Emergency Response Training Team is invited to deliver the Emergo Training to the NI MTC (RVH). In light of the population of NI and the geographical spread of acute hospital services it is not envisaged at this time that there would be a long term benefit to developing an Emergo training team for the province. The reasons for this are as follows:

- NI has one MTC (RVH- BHSCT).
- The Emergo training delivered should focus on the BHSCT response as well as identifying issues for joint planning and response with supporting Trusts and the wider HSC family.
- All other Trust emergency planning leads and nominated key staff should be invited to attend as observers, therefore identifying learning for their local plans.
- The emphasis should be maintained on the promotion of the Hospital Major Incident Medical Management System (HMIMMS) and continuing to promote this training with Trust staff who have a responsibility for the co-ordination of their Trust response to a major or mass casualty incident.

It is important to emphasise that the Emergo Training System is not a substitute for HMIMMS but rather builds on it.

The benefits of the proposal are;

- The HSC NI has taken all reasonable steps to ensure that it is prepared to deliver a response to a mass casualty incident.
- Ensures that staff are benefiting from best practice in terms of emergency preparedness training, building on the current HMIMMS training programme.
- Provides external validation of NI HSC mass casualty and emergency preparedness plans.
- Supports the alignment of NI with national standards in relation to emergency preparedness training for mass casualty response.

The HSCB have agreed to fund the delivery of an ETS from PHE. This funding is non-recurrent and consideration to the procurement of future training will be based on a training needs analysis.

6. KEY ISSUES FOR CONSIDERATION BY THE BHSCT

It is important to note that the HSCB have agreed to fund this training course on the basis that the BHSCT is fully committed to releasing the full staff complement to meet the needs of this training day. Following receipt of this commitment the PHA Senior Emergency Planner will submit an application for training to the PHE training department. Please note PHE will have to factor the NI Emergo training into their training schedule.

6.1 Duration of training- one full day

Number of participants required – 60 multi-disciplinary staff required in order to run a comprehensive training course, to include senior clinicians and decision makers from the following areas;

- Trust Incident Control Team
- Emergency Departments
- Paediatrics
- Surgery
- Medicine
- Identified patient care areas as per local planning arrangements
- ICU/ Recovery/ Theatres
- Patient Flow
- Community
- Trust patient transport services
- NIAS and HALO
- Management of relatives

Please note this list is not definitive. Composition of the teams will be determined by the Trust Emergency Planner and the PHE Training Team in advance of training day.

6.2 Preparatory work- Requirement for Trust Emergency Planner to work directly with the PHE training team in advance of the training day to develop an exercise scenario which will reflect the size, services, staffing and interface with other Trusts as per existing major incident and mass casualty planning arrangements. As part of the preparatory work, the PHE training team will require the following information from the Trust;

- Copies of Trust Major Incident/ Mass Casualty Plans
- Casualty Capability charts
- Site bed capacity- all areas
- ICU and theatre capacity
- Staffing for all participating areas- to include multi-disciplinary staff complement for each area- to be mirrored on training day
- Radio hire by Trust for one day for 7 PHE facilitators- details to be determined in advance
- Identification of an appropriate venue for 1.5 days- large lecture room and break away rooms required to accommodate participating teams. PHE will

require use of the venue for the afternoon prior to the training day. PHA Emergency Planner can advise of accommodation needs.

6.3 Costs- as above the HSCB have agreed to provide funding for delivery of this course. The costs to be picked up by the Trust are in relation to the radio hire for the day.

7. Additional Information

Table one provides a summary overview. Please note some detail may change based on Trust requirements and costs at time of purchase

Table 1

BHSCT Emergo Training for Mass Casualty Response	
Duration	One day exercise
Number of facilitators	7 PHE facilitators
Flights and accommodation	PHE flights, accommodation for 2 nights and taxis
PHE Equipment	PHE Emergo equipment – transport costs (12 bespoke white boards, puppets, paperwork)
Trust Equipment Requirements	Radio hire for 7 facilitators
Venue and catering	Venue for 60 delegates for 1.5 days
Number of participants	60- Trust staff who have a role in the operational response to a MCI.
Planning	Planning required- PHE will work directly with the MTC EPO to develop bespoke exercise using existing PHE models.
Exercise and Report	PHE will write the Trust specific exercise and report.
Costs	£32K-£33K (may vary based on time of booking- excludes radio hire ,venue and catering costs)

If you require any additional information or would like to discuss this proposal further please contact;

Mary Carey
 Emergency Planning
 Public Health Agency Northern Ireland

Irrelevant & Sensitive

Tel: **Irrelevant & Sensitive**
 Mob: **Irrelevant & Sensitive**

Email: **Name Redacted** [@hscni.net](mailto:Name Redacted@hscni.net)

Appendix 8: Report on the Test of the PHA Business Continuity Plan

**REPORT ON THE TEST OF THE
PHA CORPORATE BUSINESS CONTINUITY PLAN**

**Held on Wednesday 7th November 2018
at 2:00pm
in the 4th Floor Meeting Room, 12-22 Linenhall Street, Belfast**

EXERCISE 'INVICTA'

**Prepared by: Ms Karen Braithwaite
Senior Operations Manager (Delivery) PHA
&
Mrs Carol Hermin, Operations Manager, PHA**

20th November 2018

- 1.0** The test format was a desktop exercise, Exercise 'Invicta'. It was held at 2pm on Wednesday, 7th November 2018 and lasted approximately one hour.
- 2.0** As approved by AMT at their meeting on 23rd January 2018, this annual exercise for 2018 was conducted with Senior Manager representatives across PHA. This allowed for the simulation of a situation where AMT members would not be present during an incident and deputies would assume responsibility to manage the situation.
- 3.0** Those present at the test were Dr Gerry Waldron (Consultant in Health Protection), Ms Kathy Fodey (Senior Programme Manager, Directorate of Nursing) and Mr Tony Sheridan (Communications Manager).
- 4.0** The test was facilitated by Ms Karen Braithwaite (Senior Operations Manager – Delivery) and Mrs Carol Hermin (Operations Manager).
- 5.0** The Aims of the test were:-
- to test the robustness of the PHA Corporate Business Continuity Plan;
 - to enhance PHA Business Continuity Preparedness, capacity and linkages, through testing the robustness of the PHA Corporate Business Continuity Plan and the overall Agency response during an incident.
- 6.0** The Objectives of the test were:-
- to achieve the targets identified in the PHA Annual Business Plan and as required by the Department of Health (DOH);
 - to test and review the PHA Business Continuity Plan on an annual basis (to ensure arrangements are in place to maintain critical services to a pre-defined level in the event of a business disruption);
 - to raise awareness of the Business Continuity Plan with key staff;
 - to exercise aspects of the plan by highlighting scenarios through discussion-based exercise;
 - to identify any amendments required to the plan in terms of key services and strategies.
- 7.0** The purpose of the test was:-
- to give those present (as part of the Incident Management Team) an opportunity to practise in a safe environment;
 - to consider what the corporate response should be during an incident;
 - to consider how PHA would communicate throughout an incident.

The scene was set with some background information. Further injects were introduced to the scenario as follows:-

- 8.0 (Background: Monday 5th November – 09:00am)
This scenario involved heavy rain at 09:00am on Monday morning, with delays to traffic and public transport and some localised flooding.
- 9.0 (Inject 1: Monday 5th November – 3:00pm)
A burst sewer and damage to the roof of the Linenhall Street building requires temporary evacuation for the rest of the day for repairs to be carried out.
- 10.0 (Inject 2: Tuesday 6th November – 9:00am)
Heavy rain turns to ice and snow across the province. An amber warning has been issued, with staff from various sites phoning managers to say they can't get into work.
- 11.0 (Inject 3: Thursday 8th November – 11:00am)
Staff have returned to their offices in Linenhall Street, Belfast and normal business has resumed when they begin to experience problems with printing and emails. Reports also come in of PHA websites down.
- 12.0 (Inject 3: Thursday 8th November – 12:00noon)
BSO ITS identify a possible hack of the HP Zone website. Concerns are raised about potential loss of personal data.
- 13.0 (Inject 3: Thursday 8th November – 1.30pm)
Upon further investigation, an attempted hack to the HP Zone Website is confirmed. Fortunately, no data has been compromised. It may take the rest of the day to fully restore emails, websites and printing.
- 14.0 (Inject 4: Friday 9th November – 9am)
Normal business has resumed. Staff are back on site and IT services are restored. A staff member receives a telephone call from an irate member of the Public about a complaint they have raised with no response as yet.
- 15.0 The Incident Management Team (IMT) were asked to consider the above scenarios and to identify any immediate actions required for PHA (for staff and visitors), as well as any additional actions/issues for recovery in the short, medium and longer-term.
- 16.0 A 'hot debrief' was held at the end of the exercise, to establish what went well and to consider whether any areas require further action. Members were asked to consider any lessons learned as well as immediate actions to update the Business Continuity Plan and to offer suggestions for a future exercise.
- 17.0 **Exercise Observations**
- 17.1 **Inject 1 (heavy rain and flooding)**
- Participants immediately recognised the need to ensure staff and visitor welfare (odour, hygiene and safety issues and possible Public Health risk associated with sewage).

- Following communication with the Health and Social Care Board (HSCB), all staff were evacuated from Linenhall Street, Belfast.
- Discussions followed regarding communication strategies and the need for staff to remain contactable (via mobile/Line Manager or the ABC Section of the PHA website) in the event that the building is not open the following day.
- Staff would receive an announcement over the Linenhall Street Tannoy/PA system and the Runners' System (PHA Communications Protocol).
- Staff would be asked to leave in a controlled manner (non-emergency) bringing laptops, phones, coats and bags as required but not returning for such items or delaying exit.
- Staff would be reminded not to use the lifts in case electrics are affected by water ingress.
- Health Protection Duty Room and Communications/PR On-Call systems would be implemented and pre-recorded incoming call messages would be set before vacating the building. (These have been tested previously during public holidays and messages play automatically after 5pm).
- Duty Room would continue to function remotely for the remainder of the day (as per agreed maximum acceptable outage times recorded in the Business Continuity Plan).
- Meetings rescheduled where possible.

Actions:-

- C Hermin to confirm that HSCB (as Landlord) have a contact already in place for emergency deep-cleans;
- C Hermin to clarify with HSCB how tannoy announcements are made and who has authority to request these;
- Consideration to be given to agreeing messages/templates in advance.

17.2 Inject 2 (ice and snow – amber warning; staff phoning in)

- Participants deemed the amber weather warning and significant loss of staff sufficient reasons to activate the Business Continuity Plan and possibly also the Emergency Plan. (Following the amber weather warning, Emergency Planning colleagues would be asked to attend regional teleconferencing/at multiagency level).
- In light of staffing issues and subsequent stretching of resources, participants identified key, time critical services and focus was drawn towards those PHA functions, for example, the PHA Duty Room.
- Members agreed to restrict less urgent services and pull-in staff to cover the Duty Room (and other key services) if required.
- As a regional incident, members agreed to maintain communication by teleconferencing, videoconferencing and/or remote access.

- Discussion followed regarding training staff to cover other areas and the rolling-out of standard operating procedures to ensure that staff have a sufficient level of understanding of any areas covered.
- Public Health messages would be issued to remind members of the Public to remain indoors and stay warm, take extra care with drinking water and hygiene and check on elderly neighbours.
- Participants noted that the Communications Team and Emergency Planning colleagues work closely together regarding messages issued and can refer to stockpiles of press releases for use during certain events.
- Duty Room may be relocated if incident persists.
- It was agreed that staff would be expected to maintain some form of communication with line managers or colleagues during an incident, whether using cascade lists, or referring to the ABC section of the PHA website. BCP contact list referred to.
- Mr Sheridan confirmed that ABC notices would be accessible to staff via the Internet, for updates even when staff cannot access their normal place of work. Public Transport messages from Translink updates could be added to this site.
- Participants discussed keeping contact information and Business Continuity Plans in grab bags, along with mobile phone chargers and other essential items for Directors and Assistant Directors.
- Participants discussed the issues faced by Line Managers when weather, protests or other incidents might prevent staff from getting into work or leaving early.
- It was agreed that a fair, consistent approach would be required to ensure that all staff are given the same options in terms of using leave or making other arrangements. Consensus may be reached with HSCB and BSO.
- Participants considered that any such event which carries with it potential for danger to life would require an organisation, if not Health Service wide, directive.
- In the absence of such a directive, line managers may need to use discretion, balancing personal accountability with staff safety and the needs of the organisation, albeit at the risk of making a decision which may seem unfair to others.
- Further discussion required with HR.

Action:-

- C Hermin to liaise with HR regarding regional policies and staff entitlements during incidents preventing staff getting into work/sending staff home.
- C Hermin to liaise with Emergency Planning colleagues regarding purchase of Grab Bags.

- C Hermin to arrange greater awareness raising regarding teleconferencing and videoconferencing, possibly at induction.

17.3 Inject 3 (printing, email and website issues – possible hack)

- Participants quickly identified the need to gather more information about sites affected and maintain communication with BSO ITS and staff.
- Message required from BSO ITS (via Deskalerts/Infra) and Operations Directorate (via Metacompliance) to reassure staff that IT (or the service provider) are aware of the problem and are working on a solution.
Possibly not working – use Line Managers/Runners' System/tannoy announcement?
- External website hosts also contacted (HP Zone not hosted by BSO ITS although, on this occasion, the PHA servers are affected).
- Participants confirmed that external website providers are familiar with the key PHA sites and the need to ensure these are maintained/recovered urgently during an incident. Response times are built into contracts and communication is maintained by providers if they become aware of any issues.
- Participants advised that IT systems affected would be shut down (with assistance from IT/providers) and regular resilience checks would be carried out afterwards.
- Decision taken to revert to manual recording for HP Zone. Reports of previous meetings would be referred to in attempts to ensure that any potential clusters are identified.
- Maximum Acceptable Outage (MAO) for HP Zone is 12 hours/overnight and those present agreed that this service could be maintained using a manual recording system and back up information until the following morning/handover (attended by Health Protection and Communications colleagues/PR).
- *Revert to manual systems and hard copies for other key services and accept some delays until emails, printing and websites fully recovered.*

Inject 3 (potential loss of personal data)

- Participants agreed that the possible loss of personal data would require further investigation, risk assessment and discussion with Information Governance colleagues/the Data Protection Officer.
- In the event of a breach, contact would be made with the Information Commissioner's Office (ICO) and full investigation required.
- At recovery stage, managers agreed to issue a post event message/debrief, to reassure staff and ensure that patch testing and other security measures are adhered to and further breaches avoided.

- It was agreed that all messages to staff would be issued using official PHA Media such as Metcompliance (iKnow), or emails/desk alerts in a format that staff would find familiar. This is particularly important as cyber threats increase and change in their approach.

17.6 Inject 4 (complaint received)

- Following resumption of normal business, managers agreed that measures already have been put in place to manage any backlog.
- Participants agreed that the member of staff would acknowledge the complaint as is good practice and apologise for the delay, caused by loss of IT systems.
- Although consideration was given to possible methods of making members of the Public aware of unexpected delays, for example, using out of offices on emails, this was deemed unnecessary as this is a rare event and may only lead to confusion or frustration on the part of the sender.

18.0 De-brief

The following points were noted immediately after the exercise:-

- Participants carried out sound, confident decision-making, discussing actions freely and referring to the BCP as a guide.
- Participants quickly identified key issues such as staff safety, communication and preventing spread.
- There was effective communication from the outset, with early discussions taking place between PHA, BSO and HSCB.
- Level of damage and impact on staff and services was quickly assessed at the beginning of the incident.
- There was awareness of the critical functions of the organisation, with focus quickly aimed at restoring key services such as the Duty Room.
- Careful and deliberate actions were taken, using common sense, careful assessment of the facts and previous experience.

19.0 Feedback

- Everyone agreed that the exercise went well, with excellent participation, useful discussion and realistic scenarios.
- Participants agreed that the BCP and adjoining documentation was useful as a guide and key services and strategies had been identified.
- Participants noted the importance of cyber security and continuing to raise awareness amongst staff, particularly since many of the PHA sites, including the Corporate Site, have come under attack in recent months.
- Good communication is ongoing with BSO ITS and external hosts to ensure they are aware of PHA priorities for systems they manage. New contracts, such as the most recent Corporate Website contract with NI Direct, have

response times built in and hosts are aware of the importance of this service.

20.0 Areas for further consideration and improvement

- Reminder required regarding the availability and function of videoconferencing and teleconferencing for all staff.
- Communication required to remind staff of their duties in terms of Business Continuity.
- In terms of cyber security, contract managers to be reminded to maintain communication with IT and external hosts to ensure resilience checks are carried out regularly for key sites and recovery times built into contracts.
- Business Continuity Plan Contact Information to be kept up-to-date (videoconferencing section in particular).

21.0 Next Steps

- The PHA Corporate Business Continuity Plan will now be revised in light of the Desktop Exercise, with an updated version presented to the Agency Management Team and PHA board by March 2019.
- Final version to be sent to the Governance and Audit Committee for information in April 2019.
- Contact details will continue to be updated regularly as a live document.
- Awareness raising regarding the importance of Business Continuity will continue in 2019.
- Next annual desktop exercise to be arranged for September/October 2019 – possible injects: fire, pandemics (with a loss of 30% or more staff), EU Exit and possible loss of staff and corporate memory when HSCB closes next year.

Appendix 9: EP Core Standards

Emergency Planning Leads of the HSC & NIFRS



Irrelevant & Sensitive

Tel: I&S

Fax:

Email: Irrelevant & Sensitive @health-ni.gov.uk

Your Ref:

Our Ref:

Date: Irrelevant & Sensitive

Dear Colleagues

REPLACEMENT FOR THE CONTROLS ASSURANCE STANDARDS: EMERGENCY PLANNING STANDARD

1. Following the decision taken to discontinue the Controls Assurance Standards process from 1 April 2018, a new framework has been developed in conjunction with HSC Emergency Planning leads, the aim of which is to provide the Department with assurance that ALBs are suitably prepared to respond to emergencies and are resilient in relation to continuing to provide safe patient care.
2. The new framework is available to download on the Department's website at <https://www.health-ni.gov.uk/publications/hsc-core-standards-emergency-planning-framework> and a completed version should be returned to Emergency Planning Branch by 10 May 2019. There are 2 core standards - one for Emergency Planning (EP) and a second relating to HAZMAT. Completion is required by organisations as follows:
 - EP Core Standards – All HSC organisations which self-assessed against the previous Emergency Planning CAS.
 - HAZMAT – Trusts, NIAS and NIFRS only.
3. In completing the new framework, you are asked to undertake a self-assessment against the relevant individual core standards and rate your organisation's compliance. You should then state an overall assurance rating as to whether your organisation is Fully, Substantially, Partially or Non-Compliant with the HSC Core Standards for Emergency Planning.

4. HSC Trusts, NIAS and NIFRS should calculate their overall organisation compliance level based on both the EP Core Standards and the HAZMAT CBRN Core Standards (therefore standards 1-42 as a single rating). All other organisations should calculate their compliance level based on completion of the EP Core Standards only (standards 1-28).
5. To assist in the self-assessment process, a definition of the compliance ratings is provided below:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place and the organisation is fully compliant with all core standards which it is expected to achieve. The organisation's Board is in agreement with this position statement.
Substantial	Arrangements are in place, however, the organisation is not fully compliant with one to five of the core standards which it is expected to achieve. A work plan is in place which has been agreed by the organisation's Board.
Partial	Arrangements are in place, however, the organisation is not fully compliant with between six and ten of the core standards which it is expected to achieve. A work plan is in place which has been agreed by the organisation's Board.
Non-compliant	Arrangements in place do not fully address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the organisation's Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

6. If you have any queries on the content of this letter or ~~concerns regarding~~ completion of the new framework, please contact Jenny McAlarney at Irrelevant & Sensitive [@health-ni.gov.uk](mailto:jenny.mcalarney@health-ni.gov.uk).

Yours faithfully

Personal Data

Anne McNally
Head of Emergency Planning Branch

cc Chief Executives and Chairs of HSC organisations & NIFRS
 Liz Redmond
 Jenny McAlarney

Appendix 10: Summary of Incident Notification HSC Trusts 2018/19

	BHSCT	NHSCT	SEHSCT	WHSCT	SHSCT	NIAS
Number of Incidents Notified to Trust	13 Potential MI- 11 Declared MI- 2	11 Potential MI- 11 Declared MI-1	10 Potential MI- 10 Declared MI-0	7 Potential MI- 7 Declared MI- 0	2 Potential MI-1 Declared MI- 1	19 Potential MI- 16 Declared MI- 3
Number of Incidents responded to by Trusts	2	5	2	7	1	4
Nature of Incident(s)	Gas Explosion (1) Fire (1) Airports alerts (7) RTC (2) CBRN (1) Crush outside a nightclub (1)	Airport alerts (2) Security alerts (4) Fire (2) RTC (1) Air incident (1) Crush outside a nightclub (1)	Airport alerts (4) Security alerts (2) RTC (1) Gas Explosion (1) Power outage (2)	Business Continuity (1) Severe weather(1) Fire (2) Cyber Security (1) Security Alerts (1) Power Outage (1)	CBRN (1) Standby -(1)	RTC (4) Airport alerts (5) Gas Leak (2) Fire (5) Air incident(1) Car bomb (1) Crush outside a nightclub (1)
Number of ESC's Activated	7	4	0	3 (1 incident)	0	n/a