COVERING – OFFICIAL SENSITIVE

Health and Social Care Board

(The Strategic Planning and Performance Group)

CORPORATE INCIDENT MANAGEMENT AND BUSINESS CONTINUITY PLAN

VERSION 10

November 2021

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Document History

Owner: Prepared on behalf of the Chief Executive (Chief Operating Officer) who assumes responsibility for any reviews, alterations or updates. Day to day ownership is delegated to the Director of Strategic Performance. Any amendments should be communicated to the Plan Administrator, Mrs Liz Fitzpatrick, Emergency Planning and Business Continuity Lead.

Location: The Business Continuity Plan (the Plan) is a controlled document and is held centrally by Mrs Lisa McWilliams, Director of Strategic Performance/Governance and Safety, 1st Floor, Linenhall Street, Belfast, BT2 8BS.

Revision History

Version Number	Revision Date	Summary of Action Taken/Changes
V1	December 2010 March 2011	Critical Service updates sought from Directorates.
V2	March 2012	Reviewed to take into account requirements of BS25999
V3	October 2012	Tested by SMT. Revised and updated following evacuation of HSCB HQ June 2012
V4	July 2014	Tested by SMT, September 2013 and updated. Reviewed by BCP Project Team April 2014 to reflect staff changes during 2013/14
V5	December 2014	Reviewed and updated to meet ISO 22313:2012 and ISP 22301:2012
V6	December 2016 November 2017	Plan tested as part of Exercise Cygnus. HSCB decant arrangements tested. Plan strengthened to take into account risk of Cyber Attack.
V7	September 2019	Updated to take into account implications of EU Exit
V8	June 2020	Plan activated March 2020. Critical Functions updated
V9	December 2020	Plan activated November 2020. Critical Functions updated
V10	November 2021	Revised to take into account learning from COVID-19. Critical Functions updated – Extant Plan.

Approval History

Version Number	Date	Status
V1	March 2011	Approved by SMT
V2	March 2012	Approved by SMT
V3	October 2012	Approved by SMT
V4	September 2014	Approved by SMT
V5	January 2015	Approved by SMT/Governance and Audit Committee
V6	March 2015	Approved by SMT
V7	February 2018	Approved by SMT
V8-9	December 2020	Interim Plan
V10	November 2021	Approved by SMT

Context

This Business Continuity Plan has been developed following a root and branch review of the HSCB Business Continuity arrangements, taking cognisance of the learning from COVID-19, the migration of the functions of the HSCB to the SPPG from 1 April 2022, and recognising that while we are still in the midst of a global pandemic, 'normal' working arrangements are significantly different to that previously detailed. It is recognised that it will be some time before 'normal' or traditional working arrangements are reinstated.

This Plan is developed to deal with SPPG specific areas of responsibility and will be activated in response to an impact which prevents the SPPG from carrying out its designated functions.

Dependent upon the nature of the incident, the Chief Operating Officer may sit on the overarching DOH IMT. If so the Director of Strategic Performance will chair the IMT of the HSCB/SPPG.

Maintenance and Review

The Plan will be subject to review at planned intervals or when significant change occurs in the Health and Social Care Board (HSCB), to ensure its continuing suitability, adequacy and effectiveness. The master copy will be checked and updated on an ongoing basis; hard copies held by SMT will be refreshed at regular intervals.

Distribution

This Plan is issued to Senior Management Team (SMT) members in electronic and hard copy version. **Members must retain a copy in a secure location within the HSCB and at home.** Staff can access a redacted version on the HSCB's intranet for general information.

Note:

This document is one of a series of documents that deliver the HSCB's approach to Business Continuity Management. It will also complement the Department of Health's (DoH) BCP from April 2022, when the HSCB's functions transfer to The Strategic Planning and Performance Group (SPPG). This Business Continuity Plan details the critical functions of the HSCB as identified and detailed by each responsible Director, and provides information on the strategies to deliver these critical services during an interruption. Supplementary to this Business Continuity Plan, Directorate Business Continuity Plans have been developed to provide detail and delivery tactics on other key areas of work. It should be noted that the work associated with migration of the HSCB to the SPPG has not been included in this plan(s) as these are time specific and should be concluded by March 2022.

The Plan should be read in context with the other supporting documentation:

- Business Continuity Policy
- Directorate Business Continuity Plans
- HSCB's Policies on Health and Safety, Fire Safety; Procedures for Evacuation of 12 – 22 Linenhall Street and Working from Home
- Joint PHA/HSCB/BSO Emergency Response Plan
- HSCB Fuel Plan
- Separate Plans focusing on facilities management have been developed for each of the local offices.

1.0 Introduction

1.1 BCP Purpose and Scope

The purpose of this Business Continuity Plan (BCP) is to provide guidance for responding teams in the event of a serious disruption to normal business. It cannot cover every eventuality but is intended to assist in managing the disruption and ensuring critical functions are restored within agreed time limits.

25 critical functions have been identified by the HSCB, which due to their nature could cause loss of life; tangible adverse impact on health and/or wellbeing; and significant damage to the reputation and functioning of the HSCB. Strategies to maintain continuity have been developed for each along with recovery time objectives, (Appendix II refers). The Plan is underpinned by Directorate specific BCPs, (Appendix VI) which detail other key areas of business which must continue during a prolonged interruption to normal business.

This Plan covers the initial period of disruption until the recovery of normal business as defined by business area recovery time objectives. **It does not address any long term solution or the procurement of any additional permanent space or new building should these be required.**

The HSCB will officially "close" in March 2022, and the majority of its functions will subsequently transfer to the "The Strategic Planning and Performance Group" (SPPG) DoH from April 2022. This Plan has been developed to ensure seamless transition and will complement DOHs BCP.

1.2 Objectives

The Plan has the following objectives;

- To ensure arrangements are in place to identify and maintain critical functions during the incident period;
- To allow threats to be identified and managed throughout the period of disruption and recovery;
- To enable normal business to be resumed as soon as possible; and
- To ensure processes are in place to test and keep under review HSCB's plans for Business Continuity

1.3 British Standard

The British Standard for Business Continuity Management Systems (BCMS) is **ISO22301:2019** (*Security and Resilience: Business Continuity Management Systems. Requirements*) which is a code of practice which establishes the processes, principles and terminology of business continuity management. This plan

is in line with the requirements of ISO 22301:2019 and applies the “Plan-Do-Check-Act” cycle to planning, establishing, implementing, operating, monitoring, reviewing, maintaining and continually improving the effectiveness of the HSCB’s BCMS.

1.4 Risks to the HSCB

The potential risks which have been taken into consideration by the HSCB in preparation of this document include;

- Impact on staff or public well-being;
- Impact of breeches to statutory duties or regulatory requirements;
- Damage to reputation;
- Damage to financial viability;
- Deterioration of product or service quality

The HSCB will increase awareness of Business Continuity Planning throughout the organisation by; embedding it within the culture of the organisation; having the required leadership arrangements in place; having a dedicated team of core administrative staff, (who can be called upon at short notice to provide support as and when required), as well as ensuring staff on call arrangements are up to date.

The Plan will be reviewed and tested annually. Directors should use these reviews to satisfy themselves that BC incidents are actively managed with appropriate strategies in place. Any amendments will be documented and notified to the Plan Administrator.

1.5 Principles and Assumptions

This Plan is based on a number of broad principles, recognising learning arising from COVID-19. These include;

Work Space

- The HSCB retains adequate workspace within HSCB HQ (12 – 22 Linenhall Street, Belfast) and four local offices (County Hall, Ballymena, Tower Hill, Armagh and Gransha Park, Londonderry). All staff who require a computer to carry out their daily duties have been provided with a laptop, therefore access to any of the HSCB offices is not a necessity, with hybrid working arrangements in place.

Phones

- All senior staff have work mobile phones and landlines can be diverted to these devices remotely using Cisco Jabber. Junior members of staff can divert their landlines to personal mobile phones or receive/make calls via Cisco Jabber on their laptop.

ICT Connectivity and Security

- Due to working from home arrangements, problems can arise if there are issues with the ICT server, which can lead to an inability to send emails/make telephone calls. Staff have been provided with the web version of outlook as an interim measure if connectivity issues arise, however BSO is the organisation responsible for ICT and mechanisms to maintain continuity are contained within their Plan. The eHealth Directorate will take the lead in such circumstances and will liaise with BSO colleagues on any ICT and cyber security related issues affecting the HSCB. The HSCB has sought assurance from the BSO in terms of their ICT/Cyber Security infrastructure contingency in this regard.

Control Centre

- The type (virtual/physical) and size of the control centre, will be dependent on the scale of the incident and whether or not HSCB HQ is accessible. In the first instance, given the advancement in virtual meeting technology during the pandemic, IMT/IMAT meetings will be held either via pexip or zoom.
- **Details –** Zoom will be utilised in the first instance from either the Director off Strategic Performance's account or Director on Call.

  Details for Pexip are Dial: 36 1551 from an internal phone or (028) 9536 1551 from an outside line. The code will be the DDI of the Chair, and the Chairpersons code is the last four digits of their extension. In normal working circumstances, priority access has been given to Conference Room 4 within HSCB HQ.

Critical Functions

- Critical Functions have been identified for 5 out of the 6 Directorates within the HSCB, according to the potential impact of the service being compromised and the impact on the wider HSC and public;
- Directors will know at any given time what other "key" areas of work they are undertaking and resources required. All relevant data and information provided in support of the Plan is correct at the time of reporting;
- Any amendments required will be brought to the attention of the relevant Director and Plan Administrator to ensure the Plan is up-to-date as far as possible;
- Critical Functions and strategies to maintain continuity are subject to review on at least an annual basis

Staff Issues

- If there is a significant staff shortage, the Critical Functions will be reviewed to ensure that continuity can be maintained. Directors will also know what areas of work can be paused or stood down, depending on the situation.

Leadership

- SMT will assume overall responsibility for the development and implementation of Business Continuity (BC) arrangements. Key staff will be available during and following the incident.

1. 6 Dependencies

COVID-19 has highlighted the importance on the ability of the HSCB to respond to major incidents, and that the HSCB's Critical Functions, must be protected at all times. This Plan also complements the BCPs of both the BSO and PHA.

Where reference has been made within the strategies to staff external to HSCB being involved in the delivery of a Critical Function, they are aware of their role within this Plan. In practice the employees of the HSCB, PHA and BSO work in fully integrated/multi-disciplinary teams to support the commissioning process at both local and regional levels.

The HSCB is dependent on the PHA for;

- Advice in relation to health protection
- Professional support to commissioning and screening
- HSC research and development
- Health and social well-being improvement

The HSCB is dependent on the BSO for;

- ICT support
- Financial Services (transactional including payment functions)
- HR Management
- Equality and Human Rights
- Legal Services
- Procurement of goods and services
- Training
- Information Management
- Internal Audit
- Fraud Prevention
- Cyber Security

Both BSO and the PHA are dependent upon the HSCB for accommodation in Linenhall Street.

1.7 Links with the Joint Emergency Response Plan (JERP)

This Plan should be cross referenced with the Joint PHA/HSCB/BSO Emergency Response Plan. These Business Continuity (BC) arrangements will supplement/support the Emergency Response and Recovery Plan in the event of a Joint Response being activated.

Should a Business Continuity incident escalate into a major incident, the Joint Response Emergency Plan will be activated by the PHA, HSCB and BSO. The activation will be communicated to relevant key stakeholders as appropriate. This is cross referenced with the Joint Emergency Response Plan.

2. BCM – Critical Functions and Services

2.1 Current BCM – Critical Functions

The following BCM-critical functions must be restored within the appropriate recovery time objectives. Other critical work identified at the time will be considered with these activities. Strategies to maintain continuity are contained in Appendix II.

Ref	Critical Function/Service	Explanatory notes, including details of minimum service levels	Recovery Time Objectives
1	Establishment of the Strategic/Tactical/Operational Command/Control and Co-ordination of emergency planning mechanisms as set out within the Joint Response Emergency Plan (Governance and Safety)	Activation of the EOC and the provision of advice/support as per the HSCB's Operational Role within an Emergency Response.	Less than 2 hours
2	Provide an effective system for the receipt and onward communication of SAI / Early Alert notifications and Safety & Quality Alerts to relevant lead officers (within HSCB and PHA (*and where applicable wider HSC*) (Governance and Safety)	Assume no diminution in the standard of alert service, i.e. a continued need. Alternative arrangements will be initiated immediately to allow for HSCB to issue SAIs/EAs/SQATs to relevant lead officers.	Less than 2 hours
3	Office Accommodation at 12/22 Linenhall Street, Belfast (including the provision of utilities) Inability to access 12/22 Linenhall Street, Belfast. (Governance and Safety)	90% of HSCB staff are enabled with remote access and working from home arrangements will apply. For those staff who are required to be in the office, decant arrangements have been identified.	2 hours
4	Disruption of Service Utilities (Governance and Safety)	As above.	Less than 4 hours
5	Media Management. Providing a 24/7 media service, agreed responses to media enquiries within tight deadlines. (Communications)	The ability to respond to media enquires is required 24/7. The Media Management software is based online can be accessed remotely.	Less than 12 hours
6	Uploading website and social media channels with media statements or other public information. (Communications)	The ability to upload information to the internet regarding the provision of HSC Services is required 24/7. All staff have been	Less than 12 hours

		appropriately trained relevant to their level/Grade.	
7	Organisational/Staff access to HSCB electronic records on Meridio (Electronic Document and Records Management System). (Governance and Safety)	The Meridio system is third party EDRMS software currently hosted by BSO on behalf of HSCB on servers within the HSC Data Centre. Whilst BSO oversee the hosting they do not support the software. Meridio is out of contract in terms of a maintenance/support arrangement and should the system suffer a catastrophic failure external support would be need to be sourced to reinstate the service.	48 hours
8	Facilitation of patient travel to access acute and non-acute elective treatment outside of NI (Commissioning)	In the first instance, the patients referring Trust will provide the service until the HSCB BCP has been activated. The HSCB will contact the Trust to ensure that they make the necessary patient travel arrangements.	48 hours
9	Individual Funding Requests (IFRs)/Continuing the consideration and communication of decisions by the RSC for IFRs, (Commissioning)	If clinical urgency dictated that a decision could not be deferred until next meeting, the IFR secretariat would ensure requests are considered using the relevant protocols.	Less than 5 days
10	Adverse Incident reporting system (Integrated Care)	Statutory requirement. Assume no diminution in the standard of alert service	Less than 24 hours
11	Management of underperforming contractors where there is an immediate risk to patients/clients and/or where there are on-going legal/professional proceedings (Integrated Care)	Statutory requirement. Assume no diminution in the standard of service	Less than 24 hours
12	Management of potential collapse of GMS Contractor and failure to deliver service to registered list (Integrated Care)	Statutory requirement. Assume no diminution in the standard of service	Less than 24 hours

13	Maintenance of system for communication with FPS contractors on an urgent basis (Integrated Care)	Statutory requirement. Assume no diminution in the standard of service	Less than 24 hours
14	Management of potential collapse of General Pharmaceutical Services and failure to secure adequate access to medicines for the population. (Integrated Care)	Statutory requirement. Assume no diminution in the standard of service	Less than 24 hours
15	Management of potential collapse of GDS Contractor network and failure to deliver service to registered list and unregistered patients. (Integrated Care)	Statutory requirement. Assume no diminution in the standard of service	Less than 24 hours
16	Management of potential collapse of GOS Contractor network and failure to deliver general ophthalmic and regional enhanced primary eyecare services to the population of Northern Ireland (Integrated Care).	Statutory requirement. Assume no diminution in the standard of service	Less than 24 hours
17	Finance Functions; Cash Draw Needs; Management of HSCB Bank Accounts; Accounts Payable; Accounts Receivable; Payroll; (Finance)	Services are provided by BSO on behalf of the HSCB via SLAs. SLA includes formal arrangements with BSO regarding what services are to be delivered, over what timescales, to what performance levels as well as the continuation of services in the event of a system failure.	Dependent on BSO
18	FHS Service (Finance)	Whilst these services are managed by HSCB Staff, BSO processes FHS payments to Independent Contractors	Dependent on BSO
19	TRAFFACS System (Finance)	Prompt allocation of funds to HSC Providers to ensure Break Even is met	Dependent on time of year and month.
20	Maintenance of Service Continuity (PMSI)	Assume no diminution in the standard of service. The production of information to allow for service continuity, e.g. data relating to waiting times for ED, cancer treatment, access to elective care services	Within 1 hour

21	Respond to a Trust's request to derogate from a delegated statutory function (Social Care)	Executive Director of Social Work in the Trust would ensure Trust Chief Executive was informed and permission sought from the Department of Health and HSCB's Director of Social Care and Children's. HSCB to monitor any impact on service provision as a result of the derogation.	Less than 24 hours
22	Co-ordination and Chairing of the regional multiagency panel for secure care within children's services and providing independent representative at statutory Regulation 10/11 reviews re meeting criteria for Secure Care (Social Care)	Requests for Emergency or Scheduled panels and Regulation 10/11 are made through Director/Deputy Director/Programme Manager for Secure Panel for HSCB and Executive Director for the Trust to ensure appropriate and requirement for panel. Director, or nominated deputy can be contacted out of hours.	Less than 24 hours
23	Ensuring stability and function of Care Home Sector (Social Care)	HSCB will use the regional Care Home Business Continuity Response plan as a framework for managing the necessary HSC system responses.	Less than 24 hours
24	Ensuring availability of acute mental health beds or contingencies (Social Care)	Assume no diminution of standard. A Daily Bed Management Return template records daily bed activity will continue to be sent to DoH each day at 5pm.	24hours
25	Domiciliary Care for those with critical needs. (Social Care)	Director/Deputy Director/Programme Manager would be nominated to act on behalf of the HSCB to support any urgent matters arising outside normal working hours.	Less than 24 hours

3. Business Continuity Teams

3.1 Incident Management Team (IMT)

Objective – *to direct all teams to act to implement the BCP in the shortest possible time to restore HSCB functional capabilities*

Depending on the nature of the incident, the IMT will be chaired by the Chief Executive/Chief Operating Officer and/or the Director of Strategic Performance. A joint IMT with PHA/BSO may be appropriate.

IMT will lead the response on every level from decision making through to resolution. They will allocate actions and support teams who will report back on progress. **IMT will generally be SMT**, however, will vary depending on availability, timing and nature of the incident and work priorities. Each member will have a nominated deputy and all will have access to the Corporate BCP. In the event that any member of IMT is unavailable, then the deputy will assume responsibility. IMT will meet as frequently as required to control the incident.

An initial meeting will be conducted to assess the required response and determine the membership of the Incident Management Action Team (IMAT). The role of the IMT will be to manage the organisation through the four phases of recovery:

Recovery Phase	Potential Recovery Activity/ Checklist
Notification/Activation	• Assess the level of the interruption • Define the recovery priorities and the allocation of support services resources. • Activate the BCP and inform Directorates. • Consider initial staff welfare needs.
Incident Management/ Stabilisation	• IMT established and meeting arranged • Determine if IMAT are to maintain information flows with staff and provide for initial staff welfare. • Monitor the recovery activity of the Directorate Recovery Teams. • Support Directorate recovery through the reallocation of support services resources. • Consider the need to escalate the recovery activity undertaken. • Communicate with stakeholders • Assess the implications of full recovery to normal service levels in due course.
Recovery/ Resumption	• If required plan for full recovery to normal service levels. • Consider if the interruption provides an opportunity for improvement. • Plan for more advanced staff welfare provisions. • Prepare to deescalate the recovery activity. • Once full recovery has been achieved stand down

	the BCP. • Maintain stakeholder communications.
Consolidation/ Learning	• Collate all recovery documentation and logs. • Debrief key staff. • Produce a Post-interruption Report and Lessons Identified Report. • Adjust the BCP and or Directorate Recovery Plans as appropriate. • Manage the long-term welfare requirements of staff.

IMT Membership

- **Chief Executive/Chief Operating Officer, HSCB**
- **Director of Strategic Performance, HSCB**
- **Director of Finance, HSCB**
- **Director of Social Care, HSCB**
- **Director of Planning and Commissioning, HSCB**
- **Director of Integrated Care, HSCB**
- **Head of Communications, HSCB**
- **Business Continuity/Emergency Planning Manager, HSCB**
- **Chief Executive, PHA***
- **Director of Nursing, PHA***
- **Director of Public Health, PHA***
- **Director/Deputy of Operations, PHA***
- **Director of Quality Improvement, PHA***
- **Emergency Planning Manager, PHA**
- **Chief Executive, PHA***
- **Chief Executive, BSO***
- **Director of HR, BSO***

*May or may not be required depending on the situation

Consideration will be given as to how the HSCB feeds into the overarching DoH BCP post migration. The IMT Chief Operating Officer may be a member of the overarching DOH BC IMT dependent upon the nature of the incident in which case the Director of Strategic Performance may chair the SPPG IMT.

3.2 Incident Management Action Team

Objective – ***to direct and coordinate on-the-ground activities for the restoration of critical services and the implementation of Directorate Business Continuity Plans***

IMAT is responsible for determining how to manage the incident within the guidelines set by IMT. IMAT is made up of representatives from the key areas impacted by the incident but those members should provide guidance and instruction to all staff.

Typically the response conducted by the IMAT will be managed by the Director of Strategic Performance or lead Director as deemed appropriate to the incident who on the instructions of the Chief Executive will conduct an initial assessment with the Directorate(s) affected to:

- Ensure that the relevant staff are informed;
- Decide, given the nature of the interruption, the priorities for recovery;
- Assess the effect that the interruption has had, or could have, upon the delivery of the business critical services;
- Assess/confirm the appropriateness of using the extant Business Continuity Plan;
- Prioritise the allocation of support service reinforcement;
- Assess the need to communicate with staff, stakeholders, suppliers and third parties and agree content of such communications;
- Keep IMT/SMT advised/updated

It is important that a complete record of the incident is documented, including a log of decisions taken and actions required as agreed at each IMT/IMAT meeting (See Appendix V).

<u>Location of Incident Management Team/Incident Management Action Team Meetings</u>

In normal working circumstances, unless the incident prevents, the IMT/IMAT meetings will be held in Conference Room 4, 12 – 22 Linenhall Street Belfast. The EOC protocol contained within the Joint Response Emergency Plan outlines how this room is set up, equipped and supported. If this room is unavailable, or during the continuing pandemic, IMT will conduct their business remotely, hosted by either the Director of Strategic Planning and/or the HSCB Emergency Planning Lead.

IMAT will typically consist of the staff listed below but may be varied dependent on the nature of the incident.

- Business Continuity/Emergency Planning Manager, HSCB
- HSCB Corporate Business Manager (HSCB)
- Communications Manager (HSCB and PHA if appropriate)

- Finance representative (HSCB)
- Integrated Care representative (HSCB)
- Social Care representative (HSCB)
- PMSI representative (HSCB)
- Administrative Support – Administrative staff for in-hours will be identified from each Directorate. A pool of administrative OOH staff has been developed.
- Director of Operations, (PHA or representative)
- Human Resources representative (BSO)
- IT Services Manager (including IT Security)
- PaLS (where appropriate) (BSO)

Incident Management Action Team Core Members and Responsibilities

Role	Responsibilities
Governance and Safety/Strategic Performance/Communications Mrs Lisa McWilliams Tel: Location: Headquarters Mrs Liz Fitzpatrick Tel: Email: liz.fitzpatrick@hscni.net Location: Headquarters	• Chair the IMAT • Identify and address any staff welfare concerns. • Provide direction on the implementation of the BCP across the HSCB • Allocate resources and authorise expenditure • Direct liaison with other external bodies including the DoH, Trusts, Agencies and suppliers. • Maintain information flow to the Senior Management Team • Ensure a log is maintained of all decisions taken by the Core Business Continuity Team.
Human Resources	• Participate fully within the Core Business Continuity Team • Coordinate liaison with trades unions • Provide information on any staff welfare requirements and ensure that appropriate decisions to address any issues are taken. • Provide information on recovery priorities relating to staff issues. • Direct the recovery activities relating to staff. • Assist with the appropriate temporary re-allocation of staff. • Liaise with external bodies including DOH, Trusts, Agencies and suppliers. • Advise on staff communications. • Identify predicted staff or skills/knowledge shortages and help source replacements. • Liaise with Corporate Business Manager (and Assistants) in each office in relation to

	communicating with staff
ICT Services Managers	• Participate fully within the Core Business Continuity Team • Provide information on the level of impact and recovery priorities relating to IT Services. • Will be the lead HSCB Officer who will liaise with BSO ICT Manager to arrange:- • the ICT recovery activities • provision of additional ICT, • provision of remote ICT access. • Coordination of salvage efforts for computers and associated hardware. • Establishment of required ICT and telephony support at standby sites as required, • Liaison with external bodies, Trusts, Agencies and suppliers. • Ensuring IT Security is maintained
HSCB Corporate Business Manager – local Corporate Business managers	• Participate fully within the Core Business Continuity Team • Provide information on the level of impact and recovery priorities relating to Premises and Accommodation. • Direct the recovery activities for Premises and Accommodation. • Liaise with external bodies DHSSPS, Trusts, Agencies and suppliers, including utility providers. • Assist with the reallocation of facilities as required. • Facilitate the alternative delivery of supplies if required. • Ensure Premises security is maintained
Communications Manager (BCM Practitioner)	• Participate fully within the Core Business Continuity Team • Provide planning information relating to Media and Communications issues. • Direct communications efforts with personnel and activate an internal staff communications channel. • Liaise with the Department's Press Office in developing communications plans for the public, external bodies including Trusts, Agencies and suppliers. • Handle all press/public enquiries in relation to recovery. • Co-ordinate the maintenance of communications with key stakeholders.

Finance Manager	• Participate fully within the Core Business Continuity Team • Provide information on any financial implications or requirements and ensure that appropriate decisions to address any issues are taken. • Provide information on the financial issues relating to recovery priorities. • Liaise with external bodies including DOH, Trusts, Agencies and suppliers. • Ensure the provision of the financial resources required to implement the BCP and progress recovery.
Director of Operations, PHA or representative.	
Administrative Support Administrative support has been identified from relevant directorates/dependent upon nature of interruption. A pool of administrative staff for OOH has been developed.	• Provide secretarial support to Core Business Continuity Team • Log all incoming information presented to the Team • Minute discussion of the Team • Log decision taken by the Team • Maintain a record of the membership of the Team • Ensure the provision of refreshments for the Team

3.3 Administrative Support Team

Objective – ***to manage the Incident Control Centre and support IMT/IMAT in information management and decision making***

IMT and IMAT are supported by an Administrative Support Team (AST) who are responsible for setting up and managing the Incident Control Centre. This team enables IMT and IMAT to command and control the incident by obtaining updated intelligence and options to inform decision making and ensuring robust information management practices. The recording of all information from any source is vitally important.

The team of people available on the day must agree who takes responsibility for each of 3 distinct roles:

- **Information/Office Manager:** overall responsibility for the Control Centre and all its daily operations overseeing collation/analysis and dissemination of information, managing actions and ensuring proper maintenance of records. This role is the main link to IMT/IMAT attending all meetings to update on the current situational picture and record directions and decisions.
- **Action Manager:** responsible for management of actions and tasks to deliver IMT decisions, allocating and monitoring actions and progress, updating the situational picture and ensuring records are accurate.
- **Team Manager:** responsible for setting up and staffing AST, managing shift patterns in a prolonged incident, providing logistical support, access control and managing visitors, and welfare provision.

(N.B. **In less critical incidents it is possible for one or two people to cover the 3 main roles**)

Loggists - In a serious incident loggists may be required to record IMT/IMAT issues and decisions e.g. where the incident involves loss of life. A group of HSCB staff have been trained in this role and may be called upon to join AST.

Responsibilities:

- Set up the Incident Control Centre as required by IMT/IMAT ensuring processes are in place for recording information - this can include whiteboards, flipcharts if a physical EOC is established.
- Gather sources of information and maintain and update detailed records of information received, all decisions made, actions, timelines, responses and outcomes as a rolling record;
- Identify key information and key issues to bring to IMT/IMAT attention;
- Check progress, update information boards and send out regular situational reports;
- Call handling;

- Follow up on deadlines set for tasks;
- Organise and facilitate IMT/IMAT meetings, provide briefings and press for responses;
- Assist with the work of the nominated Communications Manager;
- Ensure supplies and tea/coffee are available where IMT meetings are likely to be prolonged; and
- Any other admin support required by the IMT/IMAT

4. Invocation of the BCP

4.1 Possible Triggers for the Invocation of the BCP

There are a number of events (or triggers) that can cause the BCP to be invoked such as extreme weather conditions, or loss of access to the building, but generally speaking, the type of event to be considered is:

> *"A major disruption to the HSCB site or to those external services upon which the HSCB and/or its staff rely on a day-to-day basis and which causes or may cause an interruption to business operations undertaken by HSCB".*

If the disruption is SPPG specific, SPPG will manage the situation, rather than activate the DoH BCP.

Currently the HSCB HQ is accessible Monday – Sunday (07:00- 18:00) and is shared by the PHA and BSO, HSCB having the major occupancy of the building.

Where the incident occurs;

In Day Time (07:00 – 18:00)	Staff employed by H&J Martin are onsite to respond in the first instance, with contact being made with Mrs Patricia Crossan (HSCB Corporate Business Manager) or Mrs Liz Fitzpatrick (HSCB Business Continuity Manager)
Out of Hours and Weekends	Contact Director on Call, who will contact HSCB Facilities Manager– Patricia Crossan – 07766477405/ Emergency Planning Business Continuity Manager - Liz Fitzpatrick – 07342670486 For access to Building contact H & J Martin Helpdesk, **02890 707340.** The Helpdesk is open 365 days 24/7 and a Duty Manager will respond promptly. The Duty Manager must be informed that the building and rear car park gates should be opened as soon as possible and the Duty Manager will subsequently advise on how quickly the Securitas OOH Team can respond. As Securitas will provide an open and close service, the security guard will remain on site for 30 minutes maximum: the front door can be locked or left open and, if the latter is the preferred option, someone will need to remain in Reception until the static security guard comes on site at 7am. Arrangements will be made to have a static security guard on site out of hours for the duration of the EOC. **In an emergency situation occurring out of hours, consideration should be given to managing the situation remotely, or using existing accommodation within Linenhall**

	Street where at all possible. Alternative requirements and accommodation needs (including the need to establish an EOC) will be addressed within normal working hours.

All incidents impacting on HSCB premises, accommodation, utilities, security or the health and safety of employees and visitors must be reported immediately to the Facilities Manager and/or Deputy.

4.2 Situation Assessment

In a situation where there is damage to the building, e.g. fire, the HSCB Corporate Business Manager, will remain at the site to ensure it is secured, arrange for an assessment of damage to the property, identify if there are salvageable items and organise retrieval of same, and determine what measures, if any, can be taken to make the building habitable again. This would include the engagement of specialist cleaners, etc.

Identify any security or H&S issues, take any appropriate immediate action e.g. evacuation and call out the relevant emergency services if required;

- verify that the incident is as reported or perceived (what has happened, who and what is affected);
- identify if any staff are on site – (if there are casualties, fatalities or other health issues ensure immediate help is called out e.g. first aiders, ambulance etc.);
- assess scale and severity to determine location, size, scope and likely duration;
- check if the incident can be contained locally and if anyone onsite is dealing with it (is it getting worse or is it stabilised?);
- where use of all or part of the building is affected, security staff will be responsible for securing the area affected and preventing any further access;
- check if utilities and/or electricity are available;
- check if telephone, e-mail and network systems are operational;
- establish any known hazards/structural damage and advise on safe exit routes;
- escalate to appropriate Director detailing the initial response and advising if the BCP should be invoked;
- If the building will be inaccessible the next working day, agree a message to inform staff and start a call cascade using available methods of communication

4.3 Contact with PHA/BSO

In the event of an incident affecting the premises, the Corporate Business Manager will share information and maintain contact with the premises officers in the PHA/BSO.

4.4 Deciding When to Activate the BCP

In many instances it will not be necessary to activate the BCP. Minor incidents may only require to be noted and monitored. The BCP, will however be activated when a significant incident occurs which disrupts or has the potential to disrupt the provision of business critical services of the HSCB.

An incident is defined as any situation which requires immediate, co-ordinated action and/or has a significant impact on the operation or reputation of the HSCB. While it is not possible to identify all potential incidents that could require the activation of the BCP, the following possible events may require the BCP or specific elements to be activated;

- Lack of staff due to sickness and absenteeism
- Power Failure: No ICT or computer facilities
- Loss of utilities: No heat/light/fire alarms in a HSCB facility
- Loss of or restricted access to HQ

The above may be due to natural causes (e.g. severe weather disruption) or manmade (e.g. terrorism, arson, industrial action)

A significant disruption will be deemed to have occurred in the event of one or more of the following;

- Disruption cannot be dealt with through normal operational procedures or local contingency plans.
- There is a potential risk of significant damage to the reputation of the HSCB, e.g Cyber Security Incident
- One or more business critical services cannot be maintained.
- An issue which is likely to cause widespread disruption within other areas of the HSCB
- HSCB HQ or any of the local officers are evacuated for a significant period of time
- Widespread sharing and re-allocation of resources between services is required
- Disruption significantly impacts on staff welfare

4.5 Overview of Incident Assessment

INCIDENT REPORTED

- Relevant Manager verifies incident and makes assessment of impact.
- If the incident cannot be contained and managed under local arrangements the Manager informs his/her Director
- Director considers impact and, if significant, advises HSCB Business Continuity Manager and Director of Strategic Performance, to takes the decision whether or not to contact the Chief Executive
- Chief Executive considers the circumstances and makes the decision to invoke all or part of the corporate BCP and formally declare a level of emergency.

Level	Description	Impact	BC Manager	IMT/IMAT
1	**Minor incident**	No staff issues. Unlikely to affect normal business. Can be dealt with by relevant support service	Manage the situation. Follow normal processes.	**Not required.**
2	**Minor disruption to critical business process**	Minor staff issues. Loss of one or more support services	Manage the situation. Inform Director/Chief Executive who communicates to IMT that the incident is under control.	**Relevant members of IMT and IMAT on standby.**

3	**Significant disruption**	Staff issues or casualties. May cause building to be inaccessible, cause a complete loss of ICT or cause significant number of staff to be unavailable	Notify Chief Executive with the recommendation to invoke all or part of corporate BCP. Chief Executive notifies IMT	**Relevant IMT members on standby.** **If incident is likely to last longer than 24 hours IMT consider convening to invoke relevant part of BCP.** **Areas impacted invoke directorate specific BCPs.**
4	**Major disruption**	Major staff issues and/or casualties. Destructive loss or no access to the building. Complete loss of IT/IPT for a long period. Major widespread incident.	Notify Chief Executive with the recommendation to invoke the corporate BCP. Chief Executive notifies IMT	**IMT/IMAT convene.** **Directorate specific plans invoked**

4.6 Safety of Staff and Visitors

Staff safety is an immediate priority. In an evacuation staff/visitors/contractors are to assemble on Ormeau Avenue. Staff are encouraged where possible to keep items such as mobile phones, car/house keys, wallets with them or close at hand at all times. Under no circumstances should they put themselves or others at risk by returning to collect these items.

Key actions for the Corporate Business Team and managers will include:

- Ensuring the site is evacuated and account for staff, customers, contractors and visitors
- Stopping any further staff/visitors/contractors entering the building
- Ensuring injured staff members are treated and identified for the emergency services
- Local management knowing which of their staff are on site at the time of the incident
- Ensuring staff are briefed at the earliest opportunity,
- Alerting external stakeholders, e.g. suppliers and customers
- Appointing a manager responsible for the assembly area(s) as required
- Encouraging managers and members of staff to contact next of kin to inform them that they are safe, reducing worry and distress
- Ensuring staff remain at assembly areas until instructed
- Assigning an appropriate member of staff to liaise with emergency services,

Staff must wait at the assembly points for further instruction. Where staff are instructed to go home they should stay in contact with their line manager for further direction.

5. Response

5.1 Establishing Communications Systems

An important aspect of the response is ensuring all parties, directly, indirectly or potentially affected are kept appropriately informed. It is essential that a 2-way flow of communication is quickly established and maintained.

In order that communication channels are kept open between IMT and staff, staff will be contacted in the first instance by their line manager/directorate by phone/text message. In addition, the HSCB Intranet and/or Internet Site will be updated regularly with advisory information by the HSCB's Communication's Team.

The HSCB's Communication's Manager, will ensure;

- an appropriate communications system is established to keep staff informed during the first hours following an incident and allow them to share concerns and provide information that could help those managing the incident;
- a process is established to inform staff about subsequent return to work arrangements (for those who require to work in an office) in the event that the premises is unavailable;
- a facility is made available for members of staff to obtain information e.g. a dedicated number, internet/intranet sites or text messaging;
- arrangements are in place to ensure members of staff are kept informed about the condition of any colleagues who are injured;
- good interaction exists between incident response groups; and
- the Incident Control Centre, as the information hub, is regularly updated by **all** parties with regard to progress, updates and issues on a regular basis

Other examples of communication methods to choose from include:

- Call cascade;
- SMS text messaging;
- Email;
- Jabber;
- Intranet;
- Public website;
- Social media;
- Phone-in to recorded management updates;
- Management presentations to large groups (virtually);
- Briefing groups;
- Staff newspaper/newsletter; and
- Printed memos

Regular updates should be made and staff advised of the point of contact for future updates.

Communication with Stakeholders

The co-ordination of information for communication to DOH and other HSC bodies as the situation develops will be disseminated through the Chief Executive's office. This will include communication with the public, staff, trade unions and other key stakeholders.

Communication with the Media

The ability to upload information to the website and social media channels has been deemed a Critical Function within the Plan. Therefore, within the first few hours of a BC Incident occurring, requiring the BCP to be invoked, information will be disseminated via the HSCB internet/intranet site and if appropriate Social Media. In the event of a major incident regular press releases will be issued to all local print and broadcast media until the situation is rectified.

6. SUPPORT SERVICE RESPONSE

6.1 Premises, Accommodation and Utilities

Access to HSCB HQ and the provision of utilities is designated a "Critical Function" within the Plan. In particular, it is critical that the building is secure and the health and safety of staff is maintained. However, the responsibility for maintaining the building and its facilities will move to the Business Services Organisation in April 2022.

The Facilities/Corporate Business Manager will;

- Ensure that evacuation procedures are instigated where required and liaise with the emergency services for updates;
- Ensure the building is secured and ensure adherence to H&S procedures;
- Ensure appropriate signage has been put in place to restrict access;
- Regularly update information on the level of impact on the premises;
- Provide regular situation reports;
- Manage the recovery activities;
- Liaise with external bodies including suppliers e.g. for post/courier divert;
- Assist with any reallocation of facilities and be responsible for on-site salvage;
- Facilitate the delivery of alternative supplies

In addition, <u>and only when the security and safety of staff and premises allow</u>, the facilities manager will:

- Secure possessions left on the premises,
- Liaise with the appropriate authorities/emergency services on the possibility of permitting staff, visitors and contractors to access the premises when safe to do so to recover any personal possessions,
- Re-unite owners with their possessions at a later date and advise staff, visitors and contractors of these arrangements,
- Co-ordinate actions with the Information Management Team to arrange transfer of paper records, where these are recoverable, to a holding location or to the new location depending on the urgent need for them.

6.2 Response to Partial Loss of Premises

All HSC staff have access to laptops and can work from home until alternative arrangements have been made.

Where part of the building is unavailable the Corporate Business Team will ensure that the damaged area is cordoned off and secured with clearly visible signage to prevent access and risk of injury. Incident information signs will be displayed at reception

areas and at entry points to the area impacted. This may require the movement of staff to alternative areas inside the building in order to ensure their safety.

Corporate Business maintains detailed records of building occupancy and layout. If required, office space currently occupied by a less critical function/service will be reallocated to a priority BCM-critical function/service affected by the incident and/or staff will be requested to work from home**.**

6.3 Utilities

The provision of Utilities is deemed a “Critical Function” as outlined within Section 2 and Appendix II, this includes the provision of water, electricity and heat. The HSCB Corporate Business Manager will be main contact with H&J Martin, other service providers, BSO Corporate Services Team and tenants throughout the outage period.

With the exception of an outage of electricity, staff and tenants updated via public address system, by email or line manager with regular updates posted on the HSCB website www.hscboard.hscni.net.

In the event of a utility not being restored within the RTO, staff and tenants in the building will be advised to leave the building and work from home.

6.4 ICT Arrangements

The HSCB’s ICT Service is maintained by BSO. In the event of loss of ICT capability, the responsibility for ensuring any issues in respect of ICT are resolved sits with the BSO IT Manager David Bryce and Mark Bradley (Interim Director of Customer Care and Performance) as per the ICT SLA.

BSO ICT have the following plans in place for all the services they support; BT Data centre BCDR plan; Continuity of Operations Plan; ICT Security DR Plan; Crisis Management Plan; Network Disaster Recovery Plan; Data Centre Disaster Recovery Plan; Resumption Plan; Service Continuity Plan; Service Desk Disaster Recovery Plan.

HSCB staff have been provided with remote ICT access facilities are responsible for ensuring their laptop is regular updated and BSO ICT is promptly notified of any issues or problems.

6.5 – Security Arrangements

BSO also retain responsibility for ensuring robust cyber security across the HSC Network. HSCB Directorates have identified what systems could be affected by a Cyber Security breach; contingencies for short (24hrs) and medium term denial of access (plus 72 hours);

Protection of patient sensitive information is paramount. All directorates have identified information assets and systems that could potentially be at risk. The Data Centres contract is managed by DoF as part of the NI Public Sector Shared Data Centre and they would align closely with UK National Cyber Security Strategy.

7. Standing Down the BCP

7.1 Standing Down

The BCP activation will be stood down when it has been confirmed by the responsible Director/Chief Executive, that the interruption/ incident has ended and/or appropriate working arrangements are in place**.** The process to be undertaken by IMT for standing down the BCP is to:

- Ensure that the selected strategies to recover have been met
- Agree with the Chief Executive that the BCP should be stood down and normal working resumed
- The Chief Executive will liaise with the Chief Executive of PHA and BSO as appropriate regarding the standing down of the Plan.
- Inform the Senior Management Team that the BCP is, accordingly, to be stood down
- Make any final reallocation of resources as appropriate
- Ensure any handover of responsibilities from the Core Business Continuity Team to other management takes place
- Communicate the stand-down to stakeholders, customers and the media, as appropriate
- Arrange debrief of incident
- Review lessons learnt and amend BCP accordingly

7.2 Post Incident Debrief

The Chair of IMT should hold a hot debrief meeting on resolution of the incident where all details and actions are discussed and recorded. Any necessary improvements or changes to the BCP should be identified. The Chair of the IMT will ask all team members to review how well the BCP worked and any areas that did not go well. This should be completed within 4 working weeks of the standing down of the BCP.

7.3 Review of the Corporate BCP

The Business Continuity Manager will review and amend all corporate BCMS documentation with lessons learned and update business areas of any changes which may impact on local plans. If necessary a further debrief will take place at a later stage to ascertain any further improvements needed in the BCP.

Specifically the HSCB will;

- Evaluate the suitability, adequacy and effectiveness of its business impact analysis, risk assessment, strategies, solutions, plans and procedures;
- Undertake evaluations through reviews, analysis and post incident reports;

- Conduct evaluations of the business continuity capabilities of relevant partners and suppliers;
- Evaluate compliance with applicable legal and regulatory requirements, industry best practise, and conformity with its own business continuity policy and objectives; and
- Update documentation in a timely manner

Equality and Human Rights

As part of the development of this Business Continuity Plan, consideration has been given to the potential impact upon staff and key stakeholders, giving particular regard to the equality, human rights and disability implications of the strategies that have been developed to support the continued delivery of the HSC HSCB's critical services.

By its nature, this Plan has been developed to provide a means of enabling the HSCB to continue to deliver its critical services in the event of a significant disruption to 'normal working' and to mitigate disruption. It is intended that in terms of service users, the strategies that have been developed will serve to enable the continuation of the particular service, albeit in a different manner.

Taking into consideration learning arising from COVID-19, hybrid working arrangements have been implemented across the organisation and those with disabilities/dependents have worked through any constraints with their direct line management.

This plan has been screened in line with Section 75 on the Northern Ireland Act 1998. The HSCB is satisfied that it complies with the obligations of the Human Rights Act 1998. The outcomes of the screening are available.

Appendices

APPENDIX I

Definition of Key Terms

BC **Business Continuity**
Business continuity is the capability of an organisation to continue delivery of products and services within acceptable timeframes at predefined capacity during a disruption.

BCM **Business Continuity Management**
Business continuity management is the process which enables an organisation to deliver key services in response to an emergency and to maintain essential services to the public throughout a disruption

BCMS **Business Continuity Management System**
Placing Business Continuity Management within the framework and disciplines of a management system creates a business continuity management system (BCMS) that enables business continuity management to be controlled, evaluated and continually improved

BIA **Business Impact Assessment**
The agreement and understanding of priorities and requirements for business continuity is achieved through a business impact analysis. The business impact assessment enables an organisation to prioritise for resumption of activities that support its products and services

IMAT **Incident Management Action Team**
Membership of the incident management action team will be decided by the incident management team who will conduct an initial assessment of the required response. It will be managed by the lead Director as deemed appropriate to the incident. The team will ensure that relevant staff are informed, determine critical services for recovery and keep IMT and SMT updated

IMT **Incident Management Team**
The Chief Executive and SMT will act as the incident management team (IMT) with the Emergency Planning/Business Continuity Manager in attendance. The Incident Management Team will determine the composition of the Incident Management Action Team.

MTPD **Maximum Tolerable Period of Disruption**
The timeframe within which the impacts of not resuming activities would become unacceptable to the organisation.

The maximum acceptable outage, is the time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity to become unacceptable

PDCA **Plan-Do-Check-Act**

This International Standard applies the 'Plan-Do-Check-Act' Model to planning, establishing, implementing, operating, monitoring, reviewing, maintaining and continually improving the effectiveness of an organisation's business continuity management system

RA **Risk Assessment**

A risk assessment promotes understanding of the risks to prioritised activities and their dependencies and the potential consequences of a disruptive incident. This understanding enables an organisation to select appropriate business continuity strategies.

RTO **Recovery Time Objective**

A set prioritised timeframe for resuming disrupted activities at a specified minimum acceptable capacity

APPENDIX II

HSCB Critical Services and Strategies to maintain Continuity

Directorate	Service Function	Link to DOH Priorities	Proposed Strategy/Tactics	RTO
Governance and Safety	Establishment of the GSB Command/Control and Co-ordination of emergency planning mechanisms as set out within the Joint Response Emergency Plan	Emergency Preparedness	Circumstances permitting, a small multi-organisations HSCB/PHA/BSO/HSC Trust IMT will convene in HSCB HQ. Those who are unable to attend in person will join remotely/via zoom or teleconference hosted by DSP. HSCB DSP and HSCB EP Manager will contact key players via email/telephone. Contact numbers of key staff are contained within this Plan. A pool of staff have been identified to provide an administrative support function to Health Silver.	Less than 2 hours
Governance and Safety	Provide an effective system for the receipt and onward communication of SAI / Early Alert notifications and Safety & Quality Alerts to relevant lead officers within HSCB and PHA (*and where applicable wider HSC*)	Safety & Quality	**People and Skills:** Governance staff are based in local offices (North and South) **Premises:** No access to local offices, power and utilities initiate Remote working using VPN Secure Client or if failure is localised manage through one of other offices. **ALL** Governance Staff can work remotely using VPN secure Client providing HSC network can be accessed. **Technology/ Equipment:** No Access to IT systems / MS Outlook / Datix Web - if failure is localised manage through	Less than 2 hours

			one of other offices or if failure / interruption is widespread SAI / EARLY ALERT notifications and Safety & Quality Alerts (*where applicable*) will be by telephone to Governance Team during normal working hours and out of hours arrangements will apply outside these times. If e-mail/landlines are not accessible, the mobile telephone numbers of the HSCB Governance Manager and Assistant Governance Managers will be provided to the Governance Lead in each HSC Trust. <u>Personal Mobile</u> - If required, Governance Manager and Assistant Governance Managers can also utilise personal mobiles in event of email/landline not being accessible. Governance Manager will have the mobile/contact numbers for HSCB and PHA Senior Management Teams, in order to ensure that the SAI can then be disseminated to the relevant DRO and other senior staff. **Information:** Governance Manager to have access to contact details including OOH for senior staff.	
Governance and Safety	Office Accommodation at 12/22 Linenhall Street, Belfast (including the provision of utilities) Inability to access 12/22 Linenhall Street, Belfast	Whilst not linked to DoH Priorities, the service function is required	HSCB EP Manager and HSCB Corporate Business Manager are the main contacts with Emergency Services in monitoring the situation. During the first 2 hours of the working day, staff will be updated by email (90% of HSCB staff are enabled with remote access) or by Line Manager with regular updates posted on the HSCB website www.hscboard.hscni.net.	2 Hours

			Tenants will be updated via the IM lead for each organisation. Virtual meetings may be facilitated by zoom licences which have been provided to each SMT member and 80 key staff. If access to a physical environment is required, IT Suites 1 & 2, HSC Leadership Centre, 12 Hampton Manor Drive, Belfast is the designated decant facility for SMT IMT. HSCB Corporate Business Manager will liaise with Operations & Business Manager to facilitate the decant to the Leadership Centre. The other 3 Local Offices – County Hall, Ballymena, Gransha Park House, Derry and Tower Hill Armagh are also available. • PHA overspill Track and Trace Team can work remotely or relocate to the Contact Tracing Centre in County Hall, Ballymena • Education/School Cell can relocate to HSC Leadership Centre but the majority can also work remotely.	
Governance and Safety	Disruption of Service Utilities	Whilst not linked to DoH Priorities, the service function is required	HSCB Corporate Business Manager will be main contact with FM Contractor, service providers, BSO Corporate Services Team and tenants throughout the outage period. With the exception of an outage of electricity, staff and tenants updated via public address system, by email or line	1 – 4 hours (Dependent upon the utility)

			manager with regular updates posted on the HSCB website www.hscboard.hscni.net. In the event of a utility not being restored within the RTO, staff and tenants in the building will be advised to leave the building and work from home. 90% of staff have remote access and virtual meetings can be arranged to ensure minimum disruption to business. If access to a physical environment is required, IT Suites 1 & 2, HSC Leadership Centre, 12 Hampton Manor Drive, Belfast is the designated decant facility for SMT IMT. HSCB Corporate Business Manager will liaise with Operations & Business Manager to facilitate the relocate.	
Communications	Media Management - Providing a 24/7 media service, agreed responses to media enquiries within tight deadlines.	While not a DOH Priority area identified cannot be downturned	Media Management function can be implemented in any of the local offices or remotely in the event of a localised incident. PR staff has offices in Belfast, Ballymena, Armagh and Londonderry. The media management software is online based and can accessed remotely. All communictions staff have access to a laptop and remote access. Nine members have a work phone and access to five ipads Depending on the extent of IT availability, Communications staff can carry out a media management service via work phones (if emails are accessible), remote access or personal mobiles during normal working hours (9.00am – 5.00pm).	12 hours

			Out of hours arrangements (after 5.00pm) Communications staff can carry out a media management function via work phones, remote access on HSCB laptop or personal computer and personal mobile. Media and senior management contact details are held by Communications staff in the event of IT systems being down.	
Communications	Uploading timely website and social media channels with media statements or other public information	While not a DOH Priority area identified cannot be downturned	All Communications staff can upload information onto the website during office hours from any office or remotely via laptops (dependent on IT systems working) remotely. 5 Communications personnel are trained to upload information onto the website out of hours through remote access arrangements (dependent on IT systems working). Nine trained Communications Officers can upload to social media during office hours and 5 out of hours remotely on laptops or work phones or via personal devices. Passwords for all social media channels are kept securely at home by Senior comms staff in event of systems failure..	12 hours
Governance and Safety	Organisational/Staff access to HSCB electronic records on Meridio (Electronic Document and Records Management System).	While not a DOH Priority area identified cannot be downturned	This issue should not be linked to lack of access to electronic records because of a general failure of the HSC IT Network or unavailability due to a Cyber Incident – these aspects will be addressed by BSO who provide Networked ICT services to the HSCB. The Meridio System is at end of life and the maintenance/support contract with the providers (Kainos) ended in 2019. However, in the event of a catastrophic failure of the system preventing HSCB staff from accessing the 1.5 million documents stored in the system support from Kainos will be provided.	48 Hours
Commissioning	Facilitation of patient	ECR protocol	In the first instance this service can be provided by the	Maximum

	travel to access acute and non-acute elective treatment outside of NI		patient's referring Trust until the Board continuity Plan is in place. Board travel team member will contact Trusts staff to advise that Trust must make patient travel arrangements until further notice and liaise with the Travel agent. Communicate emergency planning arrangements to Trusts and GP practices for acute and non-acute elective referrals to specialist treatment centres outside NI. The arrangements have been considered to maximise public well-being. 1. The HSCB ECR Acute and Non-Acute panels usually meet weekly and/or fortnightly providing funding decision within 5 and 10 days. If feasible these panels will meet remotely via zoom/pexip, if this is not possible due to the outage, ECR prior approval process to be suspended. Financial support can be assumed by Trusts for any clinically urgent or necessary elective referrals for the duration of the suspension. However details of the referral should be made via email to HSCB so that patient travel can be facilitated. 2. If decision making is suspended, referring Consultants in Trusts to be provided guidance on only clinically urgent referrals or clinically necessary elective referrals to be made to providers outside NI. Any patients whose referral is delayed as a result of clinical considerations can be referred after the emergency is lifted. An early alert notification from Chief Executive or DPH to Trust Cx / Clinical Directors / Trust Heads of Service to be issued to	Accepted Outage – 1-2 day Recovery Time Objective – 60 days

			outline emergency arrangements. 3. Patient travel, subsistence, escorts to be facilitated by reduced HSCB patient travel team operating either remotely or in dispersed offices 4. HSCB to advise patients who are travelling that the lead time for reimbursement for travel costs incurred will be extended to up to 60 days – This message also to be communicated via patient travel staff / HSCB website / voicemail / other 5. HSCB to formulate specific plan to "catch-up" on elective referrals after suspension lifted 6. HSCB to formulate specific plan to "catch-up" on patient reimbursement for travel costs incurred after suspension lifted. 7. Communicate the details of the emergency arrangements to HSCB Finance Dept to accrue sufficient funding to meet backlogs. **People, Skills and Premises:** Reduced HSCB patient travel team will work either from home or in dispersed offices where arrangements have been made to accommodate staff. If necessary other Board employees or agency staff or Trust staff to be drafted in to work under supervision. Some members of the travel team may decant to County Hall where arrangements have been made to accommodate HSCB HQ staff to upload hard copy paperwork/travel and reimbursement forms to shared electronic folders to allow staff working from home to process and coordinate arrangements. **Premises** In the event of lack of access to the building or an interruption to power or utilities, the service would be	

			provided from County Hall. Changes to working practices and procedures during covid – 19 have facilitated home working and will provide an adequate level of continuity via laptops and contact mobiles/cisco jabber. **Technology:** Files can be accessed at any HSC terminal/laptop. Email in –boxes can be accessed by remotely by staff and on blackberry. Remote access to Commissioning Hard Drives may be required to be extended to staff drafted in. HRPTS, FPM, ECR & Patient Travel email accounts. Microsoft package, laptop, PC, internet connections. A non -geographical phone line to enable transfer to other site if required. Remote access to G drive. In the event of an ICT outage lasting for 14-21 days in which landlines and email communications are compromised, it would not be possible to maintain the business functions of the patient travel office. It would not be efficient to attempt to replicate hard copy systems for the duration of the outage. Rather, to facilitate patient travel outside Northern Ireland it would be necessary to negotiate a contract variation with the travel agency provider to operate the OOH arrangements for the duration of the outage. **Equipment:** All patient travel team have been allocated laptops to facilitate home working during covid – 19. Patient Travel numbers are in a hunt group via laptops or can be diverted to other offices / Blackberries. PC/laptops borrowed. A dedicated patient travel line is diverted to mobiles. No specific software other than email/word/excel/access.	

			Hard copy information: Most information will also be accessible via Commissioning Hard Drives however where access to hard copy paperwork is required a reduced service may result for the duration of the emergency. Patient travel expense claims are in hard copy received in post. Post will be redirected to county hall and staff decanted on a rota system will have access to scanners to allow uploads and homeworking to continue. Consultants can be contacted for details on patient specific travel needs details, eg Oxygen, wheelchair, medication if necessary. **Supplies:** Normal Office supplies	
Commissioning	Individual Funding Requests (IFRs) Continuing the consideration and communication of decisions by the RSC for IFRs.		Trusts would be advised of the next available scheduled meeting of the RSC. If clinical urgency dictated that a decision could not be deferred until that date, the IFR secretariat would ensure requests were considered using the protocol for urgent requests i.e. consideration and interim decisions provided by the RSC Chair and deputy Chair.	Urgent case may arise so aim is 1-5 working days The HSCB is required to respond

	Process must adhere to the DoH IFR policy		**People and Skills:** The IFR Secretariat has a list of RSC members and contact details. The deputy Chair role rotates around the RSC every 3 months and members will need to be informed of changes. The RSC seeks to have representation from all 5 Trusts. Reduced representation may be acceptable in the short term, the NICE/RSC commissioning team would seek to ensure full representation in the longer term. **Premises:** The RSC meetings will continue to meet remotely in the medium to longer term. **Technology:** Email in –boxes can be accessed by remotely by staff and on blackberry. Remote access to Z drive required. In the event of an ICT outage lasting for 5-10 days in which landlines and email communications are compromised, it would not be possible to maintain the business functions of the RSC. It would not be efficient to attempt to replicate hard copy systems for the duration of the outage. The IFR RSC Secretariat would revert to providing decisions verbally advice to hospital consultants or via email using Blackberry devices. **Equipment:** No specific software other than email/word/excel/. **Supplies:** Normal Office supplies	to requests in a timely manner

Integrated Care	Adverse Incident reporting system (Integrated Care)	**Statutory Requirement**	**People and Skills:** Designated Governance staff at Business Support and Professional levels in each of the 5 local offices with responsibility for AIs. Shared access to the designated local office email account to be used by Family Practitioner Services to report AIs. Should nominated business support staff be unavailable, other named local office staff will have access to the designated AI email account and can forward newly reported AIs to Practice Support Manager/ABSM Governance for appropriate assessment and follow-up. **Premises**: The 5 LCGs are located in 4 different premises across the region (2 in Belfast) In the event of a temporary premises issue affecting a DoIC local office, staff may be able to work at another DoIC local office or alternative premises. Staff have the facility to work remotely from home and access the HSC-Integrated Care computer network. Any DoIC local offices could notify FPS of a temporary premises situation by email with alternative contact details, as appropriate. Other options would be notification by remote laptop or by HSCB mobile. **Technology:** AIs are normally submitted via email to a designated email address in each local office. For serious AIs the initial contact is very often by phone to the local DoIC office.	Within 24 hours

			The HSCB is very dependent on the ICT network for communications. In the event of the computer network being down for a sustained period, including a cyber-attack, it will not be possible to contact FPS providers by email. The HSCB Cisco telephone system is computer linked (VoIP) on the ICT network. BSO has a contingency in place to reinstate phones should the ICT network go down. FPS contractors can continue to communicate with DoIC by phone as required. Local DoIC Offices maintain up to date hard copies of contact details for all FPS Contractors, headed paper and mailing labels can be used for postal communication if required. In the event of a relocation of staff to alternative premises being necessary, or where additional working hours for staff is part of a strategy for business continuity due regard will be paid to the impact on staff in the context of Section 75 equality duties and human rights duties. These decisions are expected to relate in particular to those staff with caring responsibilities, those with disabilities and those not wishing to work on Sundays because of their religious beliefs. **Information:** AIs are submitted by email on a template AI reporting form that contains all the necessary information.	

			Equipment Computer/Laptop, Cisco telephone system, Smartphone mobile telephony (Samsung), e-mail,	
Integrated Care	Management of underperforming contractors where there is an immediate risk to patients/clients and/or where there are on-going legal/professional proceedings (Integrated Care)	Statutory Requirement	**People and Skills:** Designated Governance staff at Business Support and Professional levels in each of the 5 local DoIC offices with responsibility for governance and who are appropriately trained. **Premises:** Could be managed from any of the local offices. In the event of a temporary premises issue affecting a DoIC local office, some staff may relocate to another DoIC local office or alternative premises. Some staff have the facility to work remotely from home and access the computer network. In the event of a temporary premises issue affecting a DoIC local office, some staff may relocate to another DoIC local office or alternative premises. Some staff have the facility to work remotely from home and access the HSC computer network. Any of DoIC's local offices could notify FPS of a temporary premises situation by email with alternative contact details, as appropriate. Other options would be notification by remote laptop or by HSCB mobile telephone In the event of a relocation of HSCB staff to alternative premises being necessary or where additional working hours for staff is part of a strategy for business continuity due regard will be paid to the impact on staff in the context of	Within 24 hours

			Section 75 equality duties and human rights duties. These decisions are expected to relate in particular to those staff with caring responsibilities, those with disabilities and those not wishing to work on Sundays because of their religious beliefs. **Technology:** **Equipment** Computer/Laptop, Cisco telephone system, Smartphone mobile telephony (Samsung), e-mail, The HSCB is very dependent on the ICT network for communications. In the event of the computer network being down for a sustained period, including cyber-attack it will not be possible to contact FPS providers by email. The HSCB Cisco telephone system is computer linked, but BSO has a contingency in place to reinstate phones should the network go down. FPS contractors can continue to communicate with DoIC by phone. Local DoIC Offices maintain up to date hard copies of contact details for all FPS Contractors, headed paper and mailing labels for postal communication if required **Information:** HSCB Procedure for the Managing of Concerns about an FPS Practitioner's Performance. A harmonised HSCB procedure system and manual is in	

			place for the Investigation and Management of Concerns about an FPS Practitioner's Performance – this will ensure that concerns are managed consistently and appropriately irrespective of staff and local office. A number of governance staff are trained in the process. A hard copy of the manual to be kept in all local offices by the Governance ABSM. A Regional Professional Panel has been implemented to review all cases and take decisions on appropriate action.	
Integrated Care	Management of potential collapse of GMS Contractor and failure to deliver service to registered list	**Statutory Requirement**	**People and Skills:** Professional and business support staff in all local DoIC offices. Cross cover from other local offices as required. Assistance from BSO medical registration as required. **Premises:** Staff can work from other local DOIC offices if required. In the event of a relocation of HSCB staff to alternative premises being necessary or where additional working hours for staff is part of a strategy for business continuity due regard will be paid to the impact on staff and service users in the context of Section 75 equality duties and human rights duties. These decisions are expected to relate in particular to those staff with caring responsibilities, those with disabilities and those not wishing to work on Sundays because of their religious beliefs. Staff involved could operate from any of the local offices on a temporary basis or work remotely from home for those	Within 24 hours

			staff with this facility. **Technology**: Computer/Laptop, Cisco telephone system, Smartphone mobile telephony (Samsung), e-mail, The HSCB is very dependent on the ICT network for communications. In the event of the computer network being down for a sustained period, including cyber-attack it will not be possible to contact FPS providers by email. The HSCB Cisco telephone system is computer linked, but BSO has a contingency is in place to reinstate phones should the network go down. FPS contractors can continue to communicate with DoIC by phone. Local DoIC Offices maintain up to date hard copies of contact details for all FPS Contractors, headed paper and mailing labels for postal communication if required **Information:** GMS: Maintenance of the DoIC GP Pressures Database by local offices. Used to record information on practices that contact the HSCB to highlight difficulties coping/risk of collapse. DoIC local offices use the GP Pressures Database for ongoing monitoring of any GP practice coping difficulties and increasing risk of collapse situation DoIC Local Offices to follow internal process. Consideration may be given to request input from the General Practice Crisis Response Team.	

			Practices should have their own business contingency arrangements in place including buddying arrangements.	
Integrated Care	Maintenance of system for communication with FPS contractors on an urgent basis	Statutory Requirement	**People and Skills:** Any DoIC local office staff can issues alerts **Premises:** Communications can be issued from any DoIC local office **Technology:** Secure HSC email for GMS, Community Pharmacy and GOS. Agreement with HSCB that this is accessed at least once per day by GMS, Community Pharmacy and GOS practices. Primary Care Intranet Site (GMS) HSC web–based portal internet site (GOS) **GMS**: DoIC uses the secure designated HSC email links for all communication to GP practices. In addition, information is posted on the Primary Care Intranet site. As a contingency, 5 local offices maintain an up to date hard copy listing of their GP practice details including address, designated email account and telephone numbers for reference and a hard copy of up to date address labels. **GPS**: DoIC uses the secure designated HSC email links for all communication to Community Pharmacy. BSO maintains the contractor list that includes contact	Within 24 hours

			details, phone and fax numbers for all NI pharmacies and unsecured email addresses. The list is provided monthly to DoIC. As a contingency, 5 local DoIC offices print off a hard copy their community pharmacies with contact details and a hard copy of up to date address labels **GDS:** Due to Covid all communications to dentists are through their secure HSC e-mail accounts. We no longer use post as a means of communication **GOS:** Use the secure designated HSC email links in place for optometry practices. 1st class post for urgent communication would be an option for the minority without HSC email access. The optometry list includes contact details and secure HSC email addresses for all NI optometry practices and phone numbers. 5 local offices to maintain an up to date hard copy listing of their optometry practices with contact details and a hard copy of up to date address labels. **Information:** Up to date lists of FPS contractors/practices and designated secure HSC email addresses for GMS and GOS.	
Integrated Care	Management of potential collapse of General Pharmaceutical Services and failure to secure adequate access to medicines for the	Statutory Requirement	**People and Skills:** AD Pharmacy. DoIC Pharmacy Team and DoIC business support staff with assistance from BSO Pharmacy Services. **Premises:** Any DoIC local office.	Within 24 hours

	population.		Could operate from any of the local offices or work remotely from home for those staff with this facility. **Technology:** Access to the computer network and email. Smartphone access to email; telephone. Would require access to the HSC computer network and email; Smartphone access to email; telephone. The HSCB is very dependent on the ICT network for communications. In the event of the computer network being down for a sustained period, including cyber-attack it will not be possible to contact FPS providers by email. The HSCB Cisco telephone system is computer linked, but BSO has a contingency is in place to reinstate phones should the network go down. FPS contractors can continue to communicate with DoIC by phone. Local DoIC Offices have up to date hard copies of contact details for FPS Contractors, headed paper and mailing labels for postal communication if required **GMS:** Secure HSC email to designated email address. Phone. PC Intranet site. **GPS**: Secure HSC email to designated email address. **GDS:** Due to Covid all communications to dentists are through their secure HSC e-mail accounts. We no longer use post as a means of communication	

			GOS: Secure HSC email to designated email address. Communication with GPS and GDS via web–based internet portal is still being explored.	
Integrated Care	Management of potential collapse of GDS Contractor network and failure to deliver service to registered list and unregistered patients. (Integrated Care)	Statutory Requirement	**People and Skills:** AD Dental Services. DoIC Dental Team and DoIC business support staff with assistance from BSO FPS team. Professional and business support staff in the local office. Cross cover from other local offices as required. Assistance from BSO FPS team as required. **Premises:** Any DoIC local office. Staff involved could operate from any of the local offices on a temporary basis or work remotely from home as all staff have this facility. In the event of a relocation of HSCB staff to alternative premises being necessary or where additional working hours for staff is part of a strategy for business continuity due regard will be paid to the impact on staff and service users in the context of Section 75 equality duties and human rights duties. These decisions are expected to relate in particular to those staff with caring responsibilities, those with disabilities and those not wishing to work on Sundays because of their religious beliefs.	Within 24 hours

			Technology: Access to the computer network and email. Blackberry access to email; telephone The HSCB is very dependent on the ICT network for communications. In the event of the computer network being down for a sustained period, including cyber-attack it will not be possible to contact FPS providers by email. The HSCB Cisco telephone system is computer linked, but BSO has a contingency is in place to reinstate phones should the network go down. FPS contractors can continue to communicate with DoIC by phone. Local DoIC Offices maintain up to date hard copies of contact details for all FPS Contractors, headed paper and mailing labels for postal communication if required. Virtually all dental practices are registered with the RQIA which provides an alternative conduit for contacting practices. **Information:** GDS: Use of GDS Correspondence e-mail system to record information on practices that contact the HSCB to highlight difficulties coping/risk of collapse. DoIC Local Offices to follow the Dealing with Practice Changes Guidance posted on the BSO website.	

			GDS: Correspondence e-mail system to record information on practices that contact the HSCB to highlight difficulties coping/risk of collapse. DoIC Local Offices to follow the Dealing with Practice Changes Guidance posted on the BSO website. All dental practices are required to have their own business contingency arrangements in place including buddying arrangements. This is checked every June through the Quality assurance return process. Due to the pandemic, all practices were required to submit their business continuity arrangements to DoIC in March 2020.	
Integrated Care	Management of potential collapse of GOS Contractor network and failure to deliver general ophthalmic and regional enhanced primary eyecare services to the population of Northern Ireland (Integrated Care).	Statutory Requirement	**People and Skills:** AD Ophthalmic Services. DoIC Optometry Advisers and DoIC business support staff with assistance from BSO FPS team. Professional and business support staff in local DoIC offices. Cross cover from other local offices as required. **Premises:** Any DoIC local office. Staff involved could operate from any of the local offices on a temporary basis or work remotely from home as all staff have this facility. In the event of a relocation of HSCB staff to alternative premises being necessary or where additional working hours for staff is part of a strategy for business continuity due regard will be paid to the impact on staff and service users in the context of Section 75 equality duties and human rights duties.	Within 24 hours

			These decisions are expected to relate in particular to those staff with caring responsibilities, those with disabilities and those not wishing to work on Sundays because of their religious beliefs. **Technology:** Access to the HSC Network, Computer/Laptop, Cisco telephone system, Smartphone mobile telephony (Samsung), e-mail, The HSCB is very dependent on the ICT network for communications. In the event of the computer network being down for a sustained period, including cyber-attack it will not be possible to contact FPS providers by email. The HSCB Cisco telephone system is computer linked, but BSO has a contingency in place to reinstate phones should the network go down. FPS contractors can continue to communicate with DoIC by phone. Local DoIC Offices maintain up to date hard copies of contact details for all FPS Contractors, headed paper and mailing labels for postal communication if required. **Information:** Use of GOS Correspondence e-mail system to record information on practices that contact the HSCB to highlight difficulties coping/risk of collapse. Optometry practices are required to have their own business contingency arrangements in place.	

Finance	Cash Draw Needs Management of HSCB Bank Accounts Accounts Payable Accounts Receivable Payroll	Financial Governance 30 Day Prompt Payment HSCB Break Even requirement	The Finance Directorate would treat these services as critical. However as these services are provided by BSO, on behalf of the HSCB, the issue of the recovery of critical services requires a broader description of areas of responsibility and ownership. The HSCB has a formal Shared Services SLA, with BSO, in respect of the delivery of all of these Services. The SLA includes formal arrangements with BSO regarding what services are to be delivered, over what timescales, to what performance levels as well as the continuation of these services in the event of a system failure. The BSO SLA provides for regular Customer Forum meetings, between HSCB and BSO, allowing for monitoring actual performance, against KPIs, as well as to provide an opportunity to raise issues of concern and agree timescales for resolution of the same. In addition Internal Audit also undertakes work in this area in order to critically comment upon the delivery of these key HSCB services and to ensure that any issues are resolved in a timely fashion. There is also an Annual Assurance Statement that reflects BSO's responsibility for, and performance against, the SLA key performance indicators, on behalf of the HSCB. BSO are responsible for and have tested continuity arrangements, e.g. during COVID The ongoing testing will be highlighted again during SLA	BSO Dependent

			review meeting	
Finance	FHS Service	Financial Governance 30 Day Prompt Payment HSCB Break Even requirement	While these services are managed by HSCB staff there has been a long standing formal agreement with BSO for the processing of payments to these independent Contractors. The independent Contractors include GPs, Pharmacists, Dentists, Opticians etc.	BSO Dependent
Finance	TRAFFACS System	Prompt Allocation of funds to HSC Providers to ensure Break Even requirement is met	TRAFFACS is a stand-alone database system which is used by Finance to formally allocate funds to HSC Providers and to also formally identify the overall annual financial resources available for Providers. .	The system can be recovered using the daily downloads. However the critical nature of any system failure would be dependent upon the time in the month/year where any incident occurred. Early in the year and

				early in the month is less critical than later in both the year, and month would be
PMSI	Maintenance of Service Continuity (PMSI). This involves the production of information to allow for service continuity, e.g. data relating to waiting times for ED, cancer treatment, access to elective care services etc.	Emergency Planning / Preparedness	**People:** Senior PMSI staff have been identified to lead and coordinate PMSI staff in maintaining the Service Continuity function PMSI have communication and escalation structures in place and all key players can be contacted via email/telephone. All staff now have access to remote working. Relevant staff from across the Board, PHA and BSO attend emergency preparedness training and emergency operations centre training. All staff within the information department have received appropriate training in the use of the systems in place. **Premises:** Not essential. Staff are based in HSCB headquarters in Linenhall St. and local offices, however the technological solutions that have been put in place in the last year to facilitate working from home and the practical experience of responding to Covid show that remote access to systems allow roles to be carried out remotely.	No later than one hour of the notification of the incident

			Work landlines have been diverted to personal/work mobiles and computers. **Technology:** In the event of an interruption to internet or e-mail access at one location, another location or remote working internet connections can be used. Technological solutions that have been put in place to facilitate remote working thus mitigating the risk from office based systems failures. If the systems go down across all offices and systems cannot be picked up remotely updates can be maintained communication can be maintained via phone and /or Blackberry, access to zoom, pexip and cisco. In the event of a cyber-attack which eliminates the use of e mail and landlines communications will be progressed via Blackberry. **Equipment:** Utilise Information Technology, phone and /or Blackberry across all Board offices. All staff now have access to a PC or laptop and phone and /or Blackberry for remote working. **Supplies:** Arrangements are in place within the directorate to ensure that normal office supply stocks are kept replenished. Supplies can also be provided at reasonably short notice by the Procurement and Logistics Service (PALs)	

Social Care	Respond to a Trust's request to derogate from a delegated statutory function	DOH Delegated functions circulars.	**People:** Director/Deputy Director/Programme Manager within Social Care and Children's Directorate would be nominated to act on behalf of the HSCB to support any urgent matters arising within/outside normal working hours. **Premises:** Not essential. Technological solutions that have been put in place in the last year to facilitate working from home and remote access to systems. Work landlines will be diverted to personal/work mobiles and computers. **Technology:** In the event of an interruption to internet or e-mail access at one location, another location or remote working internet connections can be used. If the systems go down across all offices and systems cannot be picked up remotely, updates can be maintained and communication can be maintained via work or personal mobile phones. access to zoom, pexip and cisco. In the event of a cyber-attack which eliminates the use of e mail and landline communications will be progressed via work or personal mobile phones. In the event that of IT outage Programme Manager/Social Care Lead will contact key players via telephone. Contact key staff are contained within the Directorate contacts held by all members of Senior Operational Team.	Within 24 hours
Social Care	Co-ordination and Chairing of the regional multiagency panel for secure care within children's services and providing independent representative at	Looked After Children's Strategy 2021.	**People:** Requests for Emergency or Scheduled panels and Regulation 10/11 are made through Director/Deputy Director/Programme Manager for Secure Panel for HSCB. Executive Director for the Trust to ensure appropriate and requirement for panel. Director, or nominated deputy can be contacted within/out of hours.	Within 24 hours

	statutory Regulation 10/11 reviews re meeting criteria for Secure Care		Panel can be convened remotely if required by telelink and the regular schedule for ECR panels to be maintained, and if required this can be conveyed remotely or by telelink. To ensure business continuity – identify staff to deputise if required. **Premises:** Not essential. Technological solutions that have been put in place in the last year to facilitate working from home and remote access to systems. Work landlines will be diverted to personal/work mobiles and computers. **Technology:** In the event of an interruption to internet or e-mail access at one location, another location or remote working internet connections can be used. If the systems go down across all offices and systems cannot be picked up remotely, updates can be maintained and communication can be maintained via work or personal mobile phones, access to zoom, pexip and cisco. In the event of a cyber-attack which eliminates the use of e mail and landline communications will be progressed via work or personal mobile phones. In the event that of IT outage Programme Manager/Social Care Lead will contact key players via telephone. Contact key staff are contained within the Directorate contacts held by all members of Senior Operational Team.	
Social Care	Ensuring stability and function of Care Home Sector		**People:** Director/Deputy Director/Programme Manager within Social Care and Children's' Directorate would be nominated to act on behalf of the HSCB to support any urgent matters arising outside normal working hours. **Premises:** Not essential. Technological solutions that have	Within 24 hours

			been put in place to facilitate working from home, remote access to systems allow roles to be carried out remotely. Work landlines will be diverted to personal/work mobiles and computers. **Technology:** In the event of IT outage, Programme Manager/Social Care Lead will contact key players via telephone. Contact key staff are contained within the Directorate contacts held by all members of Senior Operational Team. If the systems go down across all offices and systems cannot be picked up remotely, updates can be maintained and communication can be maintained via work or personal mobile phones, access to zoom, pexip and cisco.	
Social Care	Ensuring availability of acute mental health beds or contingencies	MH Strategy (2121-2031)	**Process:** The Regional Bed Management Network for Acute Mental Health Care will continue to be scheduled to meet as appropriate. Additional meetings will be held as required dependent on risk/service pressures. A Daily Bed Management Return template records bed activity (Monday-Friday) and will continue to be sent to DoH each day at 5pm. **People:** Director/Deputy Director/Programme Manager within Social Care and Children's' Directorate would be nominated to act on behalf of the HSCB to support any urgent matters arising outside normal working hours. **Premises:** Not essential. Technological solutions that have been put in place to facilitate working from home, remote access to systems allow roles to be carried out remotely. Work landlines will be diverted to personal/work mobiles and	Within 24 hours

			computers. **Technology:** In the event of IT outage, Programme Manager/Social Care Lead will contact key players via telephone. Contact key staff are contained within the Directorate contacts held by all members of Senior Operational Team. If the systems go down across all offices and systems cannot be picked up remotely, updates can be maintained and communication can be maintained via work or personal mobile phones, access to zoom, pexip and cisco.	
Social Care	Domiciliary care for those with critical needs		**Process:** HSCB will link with Trusts to ensure Trust's own business continuity plans are engaged and clients with the most critical level needs and no informal carer support are provided with essential care required (food, fuel, medication support, essential personal care). **People:** Director/Deputy Director/Programme Manager within Social Care and Children's' Directorate would be nominated to act on behalf of the HSCB to support any urgent matters arising outside normal working hours. **Premises:** Not essential. Technological solutions that have been put in place to facilitate working from home and remote access to systems. Work landlines will be diverted to personal/work mobiles and computers. **Technology:** In the event of an interruption to internet or e-mail access at one location, another location or remote working internet connections can be used. If the systems go	Less than 24 Hours

			down across all offices and systems cannot be picked up remotely, updates and communication can be maintained via work or personal mobile phones, access to zoom, pexip and cisco. In the event of a cyber-attack which eliminates the use of e mail and landline communications will be progressed via work or personal mobile phones. In the event that of IT outage Programme Manager/Social Care Lead will contact key players via telephone. Contact key staff are contained within the Directorate contacts held by all members of Senior Operational Team.	

Appendix III – Policy

Policy on Business Continuity Management

Health and Social Care Board

Health and Social Care Board

(The Strategic Planning and Performance Group)

POLICY ON BUSINESS CONTINUITY MANAGEMENT

November 2021

Policy Document – Version Control Sheet

Title	Business Continuity Policy
Version	1.0
Author	Liz Fitzpatrick, Business Continuity and Emergency Planning Manager
Director responsible for this document	Lisa McWilliams
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1. Introduction

The purpose of this Policy is to detail the framework for Business Continuity Management so that the Health and Social Care Board (HSCB) can continue to function through an operational interruption. The Business Continuity Plan (the Plan) has been revised to take into account learning arising from COVID-19.

This document sets out the general principles and processes for the development, maintenance and review of the Plan for the HSCB. It outlines the role of Senior Management and their requirements if an interruption occurs. The Plan shall ensure the HSCB is resilient to disruptions and is able to maintain its Critical and Key Functions through directorate specific Plans.

This Policy is separate from, but complements, the HSCB's Risk Management Process. It is a requirement of the HSC Core Standards for Emergency Planning, that effective arrangements are in place to respond to the risks the HSCB is exposed to, and there is a process to ensure the likely extent to which particular types of emergencies will place on resources and capacity; and that the HSCB's Critical Services can continue in the event of a business continuity incident.

2. Context

2.1 Role of the Health and Social Care Board

The HSCB is accountable to the Minister of Health for translating his vision for health and social care into a range of services that deliver high quality and safe outcomes for users, good value for the taxpayer and are compliant with statutory obligations. It is noted that the HSCB will close on the 31 March 2022 and its functions transfer to the Strategic Planning and Performance Group (DoH).

Currently, a key role of the HSCB, alongside the Public Health Agency (PHA) and Business Services Organisation (BSO) is effective engagement with providers, the Patient Client Council (PCC), local government, service users, local communities, other public sector bodies and voluntary and community sectors. The role of the HSCB is broadly contained in three functions:

- To arrange or 'commission' a comprehensive range of modern and effective health and social services for the population of Northern Ireland
- To work with the health and social care trusts that directly provide services to people to ensure that these meet their needs;
- To deploy and manage its annual funding from the Northern Ireland Executive, to ensure that all services are safe and sustainable

The HSCB is intrinsically linked with the PHA and BSO and staff within the three organisations work in fully integrated/multidisciplinary teams. Assurances have been sought from these organisations of their business continuity capabilities.

2.2 Policy Statement

Irrespective of demands and circumstances placed on the HSCB, it is essential that it is able to deliver its Critical Services, as contained within the Plan. Therefore, the HSCB shall develop, exercise, maintain and review the Plan in the event of a service disruption or disaster. The Plan, in conjunction with directorate specific Business Continuity Plans, will facilitate the rapid, efficient and cost effective continuity of the HSCB's Critical and Key Services.

3. Scope of the Policy

3.1 What is Business Continuity Management?

Business continuity is the capability of an organisation to continue delivery of products or services at acceptable, predefined levels following a disruptive incident. Business continuity management (BCM) is the process of achieving business continuity and preparing an organisation to deal with disruptive incidents that might otherwise prevent it from achieving its objectives.

In this respect BCM involves:

- being clear on the HSCB's Critical Services and the strategies that deliver them;
- knowing the priorities for resuming services and the resources they require;
- having a clear understanding of the threats to these services, including their dependencies, and knowing the impacts of not resuming them;
- having tried and trusted arrangements in place to resume services following a disruptive incident; and
- making sure that these arrangements are routinely reviewed and updated so that they will be effective in all circumstances;

3.2 Relationship with Business Planning and Risk Management

Business Continuity Management is part of the planning cycle undertaken within the HSCB, i.e. business planning, development of corporate plan, risk registers, etc. The cycle applies to all levels of planning in the HSCB and processes for the maintenance and review of plans will be included within the cycle. Directorate specific Business Continuity Plans have been developed to take forward other "Key Functions" of the HSCB.

The Plan adheres to the Plan-Do-Check-Act (PDCA) model; to plan, establish, review and continually improve the effectiveness of the BCMS. Figure 1, demonstrates how a BCMS evaluates the inputs of 'interested parties' and through the necessary actions and processes produces continuity outcomes (i.e. managed business continuity) to meet those requirements.

Figure 1 illustrates how the BCMS takes interested parties' requirements as inputs for business continuity management (BCM) and, through the required actions and processes, produces business continuity outcomes (i.e. managed business continuity) that meet those requirements.

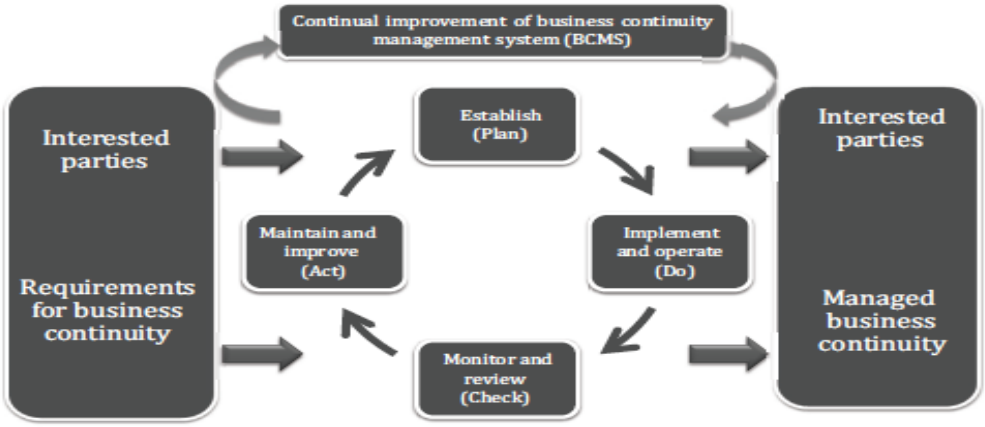

Figure 1 — PDCA model applied to BCMS processes

Table 1 — Explanation of PDCA model

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

3.3. Civil Contingencies and Business Continuity Management

Civil contingency activities are those undertaken by individuals and organisations to prevent emergencies and critical business interruptions, to mitigate and control their effects and to prepare to respond. These activities include risk assessment, business continuity management, integrated emergency management, preparedness, validation, response and promotion of recovery and restoration.

Business Continuity Management provides an organisation with the resilience to continue to function during an emergency and to return to full functionality effectively and efficiently once the crisis has passed.

4. Roles and Responsibilities

The Business Continuity Management System is a Management Board Level (Senior Management Team) responsibility.

Mrs Lisa McWilliams (Director of Strategic Performance) on behalf of the Chief Executive is responsible for Business Continuity Management within the HSCB. This function is supported by Mrs Liz Fitzpatrick, Emergency Planning and Business Continuity Manager.

The HSCB's Senior Management Team have ensured that each directorate takes responsibility for the Business Continuity Management Systems and associated planning processes within their respective areas.

The HSCB's Senior Management Team will ensure that the Plan contains strategies for Business Continuity Management across the HSCB by:

- Defining the scope of the Business Continuity Management System;
- Establishing the criteria for type and scale of incidents to be addressed;
- Identification of critical functions dependencies, which need to be addressed to ensure continuation of a pre-determined level
- Identifying directorate business continuity leads, who will produce Business Continuity strategies and plans to overcome the risks identified in the shortest possible time;
- Ensuring the availability of sufficient resources, including appropriate levels of funding;
- Conducting exercise events to regularly test the effectiveness of the business continuity plan, and review and update accordingly;
- Ensuring that all staff within the organisation are aware of the contingencies in place should a business continuity situation arise

The HSCB's Senior Management Team is required to:

- confirm that the Corporate Business Continuity Plan is compatible with the strategic direction and objectives of the HSCB;
- confirm the critical services identified within the Plan are accurate and continually reviewed
- support the Business Continuity Leads within their Directorate.

5.0 Implementation of Policy

5.1 The HSCB shall establish a Business Continuity Management System which shall be underpinned by a Corporate Business Continuity Plan supplemented by individual Directorate Plans. The Corporate Business Continuity Plan shall take account the Critical Services in the HSCB and plan for their on-going delivery through strategies in the event of a prolonged interruption to normal business.

5.2 The HSCB shall adopt the code of practice as set out in the International Standard ISO 22301.2019

6.0 Monitoring

6.1 The Plan will be validated through testing.

6.2 The Plan will be reviewed at least annually and tested in accordance with relevant Emergency Planning Framework. The Plan and associated directorate specific Plans will be revised/ updated accordingly.

6.3 Updates will be sought from the Business Continuity Project Team biannually to ensure continual review and improvement.

7.1 Evidence Base/References

7.1 This policy has been developed in accordance with the following list of legislative, guidance and standards;

- NI Civil Contingencies Framework (2021)
- Emergency Planning Core Standards
- PHA/HSCB/BSO Joint Emergency Response Plan;
- Security and Resilience – Business Continuity Management Systems – Guidance on the use of ISO 22301 (ISO 22313:2020)

8.0 Equality and Human Rights

8.1 This policy has been drawn up taking account of the HSCB's responsibilities in relation to Section 75 of the Northern Ireland Act 1998. Whilst the Policy and Plan impacts on all staff, the HSCB considers that it is in its implementation and activation, equality issues will be reviewed.

8.2 Equality has been integral part of the development of the Business Continuity Plan(s). The Plan has been screened in detail paying attention to the equality categories, in particular the needs of people with disabilities, those with caring arrangements and more generally communication and accessibility issues. Mitigation will be considered as part of the developmental process.

8.3 As the policy aims to mitigate the disruption to the HSCB during a major incident in order to ensure business continuity the HSCB is satisfied that it complies with the obligations of the Human Rights Act 1998.

8.4 As part of the monitoring arrangements equality and human rights impacts will also be considered.

Appendix IV – Contact Details/OOH Detail

In Hour's Contact List

First point of contact is either Mrs Patricia Crossan, or Mrs Liz Fitzpatrick

Name	Contact Number 1	Contact Number 2
Patricia Crossan		
Liz Fitzpatrick		

IF NO RESPONSE within 15 minutes by phone OR email, contact the Director on call

Out of Hour's Contact List

Contact to be made with the Director on call who will make contact with the Chief Executive and other Directors as appropriate

PHA Contact Points

In Hours

PHA contact Details – in hours- 9am-5pm Monday to Friday

Tel: 0300 555 0119 and speak to the Duty Room Co-ordinator who will deal with your enquiry and escalate as necessary. E-mail: pha.dutyroom @hscni.net – **(9am-5pm Monday to Friday only)**

Out of Hours

For public health emergencies -PHA contact details -out of hours- 5pm-9am (Mon-Fri) 9am-9am - stat days and holidays

Tel: NI Ambulance Service number (Direct Dial – 028 90404045). Ask for the Public Health doctor on -call . Leave your contact details and PH on -call will contact you directly.

BSO Contact Points

In Hours

Karen Bailey

DoH Contact Points

In hours – Emergency Planning Branch

HSC TRUSTS Contact Points

Western HSC Trust

Director on call available via Altnagelvin Hospital Switchboard – 02871 345171

Northern HSC Trust

Director on call available via Antrim Hospital Switchboard – 02894 424000

Southern HSC Trust

Director on call available either via Craigavon Area Hospital Switchboard – 08238 334444 or Daisy Hill Hospital Switchboard – 02830 835000

Belfast HSC Trust

Director on call available via Switchboard – 02890200200

South Eastern HSC Trust

Director on call available via the Ulster Hospital Switchboard – 02890 484511

Northern Ireland Ambulance Service HSC Trust

Ambulance Control – **02890 404021**

Belfast City Council

In hours – 90 270428 OOH – 07850499622 OR 90 270275

Access to Facilities

Linenhall Street

IN HOURS (Facilities/Utilities) Contact List

1. Patricia Crossan – X 363293

OUT OF HOURS Facilities/Utilities Contact List – Linenhall Street

Contact Director on Call, who will contact Corporate Business Manager– Patricia Crossan Emergency Planning Business Continuity Manager - Liz Fitzpatrick –

1. Access to Building contact H & J Martin Helpdesk, **02890 707340.** The Helpdesk is open 365 days 24/7 and a Duty Manager will respond promptly. The Duty Manager must be informed that the building and rear car park gates should be opened as soon as possible and the Duty Manager will subsequently advise on how quickly the Securitas OOH Team can respond.

   As Securitas will provide an open and close service, the security guard will remain on site for 30 minutes maximum: the front door can be locked or left open and, if the latter is the preferred option, someone will need to remain in Reception until the static security guard comes on site at 7am. Arrangements will be made to have a static security guard on site out of hours for the duration of the EOC.

2. If PHA Senior Team require out of hours access to 12 – 22 Linenhall Street, Belfast, the request must be telephone through to H & J Martin Helpdesk, **02890 707340.**

   The Helpdesk is open 365 days 24/7 and a Duty Manager will respond promptly. Securitas will meet the officer on site to open up the building.

3. Telephone support – X 2 Dedicated DDI Numbers have been allocated to Conference Room 4 – 02895 363199 and 95363120.

4. ICT support – via BSO 0289536 2400. Operational 8.30 – 17.00 Monday to Friday (excluding bank holidays). OOH: calls to the BSO ITS Service Desk (028 9536 2400) are redirected to an on-call service but is restricted to Tier 0 and Tier 1, classified services only, i.e. where an entire service is unavailable or unusable from a performance perspective.

   Staff can divert landlines to mobile phones using Cisco Jabber. ICT can also divert phones remotely. Contact to be made with ICT switchboard.

5. Catering - For a 'planned' opening of 12-22 Linenhall Street beverages and platters of sandwiches can be pre-ordered from Snax in the City. Snax opening hours – 7am – 5pm Monday to Friday, 9am – 5pm Saturday, (028) 9031 9631. All HSCB Directorates have kitchenette facilities.

   For 'unplanned' openings arrangements are in place with Snax in the City who will invoice HSCB/PHA. Telephone: 02890 319631

6. Power –

   a. SSE Airtricity Energy (Electricity). 0345 7643643

   b. Customer Reference 1591819. MPRN 81907409009. Supply Address: 12/22 Linenhall Street, Belfast

7. **Water - NI Water – 03457 440088 (Emergency Line).** Ref: MC07962243/01

NB In an emergency situation occurring out of hours, consideration should be given to managing the situation remotely, or using existing accommodation within Linenhall Street where at all possible. Alternative requirements and accommodation needs (including the need to establish an EOC) will be addressed within normal working hours.

OOH Catering Requirements are via the Catering Contract Number – see above. Within normal working hours, provision will be made for ongoing catering requirements for the duration of the emergency situation.

TELECONFERENCING:-

In a Business Continuity/Service Continuity (Emergency Planning) situation PEXIP Teleconferencing should be used:-

Dial: 36 1551 from an internal phone or (028) 9536 1551 from an outside line

The code will be the DDI of the Chair, and the Chairpersons code is the last four digits of their extension.

For example

Code: 3 36 1234 #

Chair Code (when prompted): 1234

This number will change depending on who is hosting the meeting.

HSC Leadership Centre

IT Suites 1 & 2, HSC Leadership Centre, The Beeches, 12 Hampton Manor Drive, Belfast BT7 3EN

In the event of an evacuation/inaccessibility of 12/22 Linenhall Street, Belfast IT Suites 1 & 2, HSC Leadership Centre, have been designated as the decant area for the HSCB Incident Management Team (IMT). There is ample car parking available on site.

In-Hours Access

If a decant is required between the hours of 9am – 5pm Monday – Friday, arrangements will be taken forward by the Emergency Planning Business Continuity Manager, Liz Fitzpatrick or Corporate Business Manager, Patricia Crossan through liaison with Paula Taylor, Operations & Business Manager (HSC Leadership Centre): 028 95361777

Out of Hours Access

If 12/22 Linenhall Street, Belfast is inaccessible between the hours of 8pm and 7.00am/weekends/public/bank holidays and IMT is required to meet for Business Continuity purposes, the following arrangements have been put in place to access the HSC Leadership Centre :

In the first instance contact the Director on call.

If no response contact: Corporate Business Manager, Patricia Crossan –or Emergency Planning Business Continuity Manager, Liz Fitzpatrick –

Access to rooms/floors

The IT Suite is located in an annexe to the rear of the main building and will be opened by a HSC Leadership Centre key-holder and you will be advised via email/text as to when the facility can be accessed. Once inside the building there are no restrictions to entering the rooms or first floor.

Security

As the HSC Leadership key-holder will remain for a short period of time, it will be necessary to locate a member of the Admin Support Team in the entrance hallway to open the main door, as and when required.

Hospitality

There are no on-site hospitality facilities out of hours. Sandwiches/beverages may be purchased from 24 hour outlets, including Tesco Superstore, Knocknagoney Road Belfast. Forestside Shopping Centre, which includes Marks & Spencer and Sainsburys, opens until 9pm Monday – Wednesday and 10pm Thursday-Friday.

Forestside also opens from 8.30am until 7.00pm on Saturdays and from 1-6pm on Sundays.

EOC Equipment

Each IT Suite has 7 PCs in situ and these are available for the Admin Support team. IMT should continue to use laptops/tablets and blackberries. One room will become a dedicated meeting area. Each room has a telephone point to facilitate Teleconferencing.

2 Multi-functional devices are located close by and these can be accessed by using login details.

Six Cisco phones are located in the Beeches (Bedroom 1) for BC/EP purposes. Telephone numbers are;

- 02895 360001
- 02895 360002
- 02895 360003
- 02895 360004
- 02895 360005
- 028 95 360006

Out of Hours Contact List – Other HSCB facilities

County Hall Ballymena	**County Hall is unable to be accessed in an Out of Hours situation. If required contact should be made with;** Other local HSCB contacts : Bride Harkin Work: 028 95362585
Gransha Park House	Keyholders: G4S Secure Solutions (UK &I) (1st keyholder) Patrol and Response Control Room – 0870 333 1506 Electricity: NIE Emergency Faults: 03457 643 643 SSE Airtricity Account Number – 1962564 Meter Number – 81069510204 *Gransha Site Ref* Gas: Emergency Fault Number – 0800 002 001 SSE Airtricity Account Number - 507562-8 Meter Number - 2003242 – (GPH Main Building) SSE Airtricity Account Number - 507553-9 Meter Number – 2161541 (Old Annex) Water: Northern Ireland Water Emergency Faults:

	0800 028 2011 (Emergency Line) Gransha Park Site Ref: MC05682994/01 Meter Ref: 663840 <u>Telephony</u> OOH: calls to the BSO ITS Service Desk 028 9536 2400 are redirected to an on call service which operates 24/7/365 but is restricted to Tier 0 and Tier 1 classified services only ie., where an entire service is unavailable or unusable from a performance perspective. <u>Security</u>: G4S (1st Keyholder) Patrol & Response Control Room – 0870 333 1506 G4S will contact Securitas Out of Hours Unit. <u>Intruder Alarm:</u> G4S (1st Keyholder) Patrol & Response Control Room – 0870 333 1506 Custodian Monitoring Station – 0844 879 1704
Tower Hill Armagh	<u>Electricity :</u> The emergency faults number is 03457 643643 The account number is 253207 Contact details for supplier are as follows Joanne Menzies/Leone McAlee/Bernard McReynolds Airtricity Tel 08456029857 Fax 028 90437750 MPRN Number - 81700879453 <u>HSCB Contacts</u>

	Sophie Lusby Shirlie Murtagh Shirley McReynolds <u>Water Services</u> The emergency faults number is 08457440088 When reporting a fault you are required to quote the address and post code. <u>Telephony</u> OOH: calls to the BSO ITS Service Desk 028 9536 2400 are redirected to an on call service which operates 24/7/365 but is restricted to Tier 0 and Tier 1 classified services only ie., where an entire service is unavailable or unusable from a performance perspective.

Key Staff – Contact Details

Chief Executive

Sharon Gallagher –

In the event of an emergency/business continuity situation, Assistant Directors/Senior staff will contact their subordinates to advise them of action to be taken.

Planning and Commissioning

Name	Job Title	In Hours Tel Number	OOH Contact Numbers
Paul Cavanagh	Interim Director of Planning and Commissioning		
Iain Deboys	Assistant Director-Belfast		
Paul Turley	Assistant Director- South East		
Bride Harkin	Assistant Director-Northern		
Sophie Lusby	Assistant Director-Southern		
Teresa Magirr	Assistant Director – Regional Services		
Cara Anderson	Assistant Director-PMSI (NICaN)		

Jean Frizzell	Senior Manager - Contracting		

Performance Management Service Improvement

Name	Location	Contact Number
Lisa McWilliams – Director of Strategic Performance	Linenhall Street	
Stephen McDowell-Head of Information	Linenhall Street	
Ffiona Dunbar - Information	Linenhall Street	
David McCormick - Scheduled/ Unscheduled Care	Linenhall Street	
Jill Young – Head of Performance	Linenhall Street	

Directorate of Social Care

Name	Contact Number
Mr Brendan Whittle	
Catherine Cassidy	

Directorate of Digital Health and Care

Name	Contact Details

Stephen Stewart	
Eddie Ritson	

Directorate of Finance

Name	Contact Details
Tracey McCaig (DoF) Andrea Henderson (AD Finance) Anne Brownlee (AD Finance-Temp) Christine Frazer (AD Finance) Frank O'Connor (AD Finance-Temp)	

Directorate of Integrated Care

Name	**Contact Number**
Louise McMahon – Director of Integrated Care	
GMS Dr Margaret O'Brien	
GOS Raymond Curran	
GPS Joe Brogan	
Linda McIlroy	
Pat Brolly	
GDS Michael Donaldson	
GDS Donncha O'Carolan	
GPS Kathryn Turner	
GOS Margaret McMullan	

Directorate of Governance and Safety

Name	Contact Number
Liz Fitzpatrick – Business Continuity Manager	

Communications

Name	Contact Number
Shirlie Murtagh	
Pamela Yeh	
Elaine Fitzsimons	
Paul Kelly	
Sally Kelly	

Governance

Ms Anne Kane	
Mrs Jacqui Burns	
Mrs Elaine Hamilton	
Mrs Mareth Campbell	
Mrs Margaret McNally	
Mrs Geraldine McArdle	

Corporate Business

Name	**Location**
Patricia Crossan – HSCB HQ	
Shirley McReynolds - Southern Office	
Claire Forsythe – Northern Office	

Appendix V – Incident Logs/Templates

Key Decisions IMT/IMAT

Date and Time **……** **Completed By**

Decision Number	***Decision***	***Person Responsible***
1		
2		
3		

Health and Social Care Board

Incident Management Action Team

Chair:

Date	Action No	Action Agreed	Person Responsible	Status
	1			
	2			
	3			

Health and Social Care Board

Incident Management Team

New Developments (Date :)

New Developments

Appendix VI – Directorate Specific Plans

Appendix VII – HSCB Fuel Plan

1.1 The Northern Ireland (NI) Response Strategy to Fuel Supply Emergencies (2018) is part of the National Emergency Plan for Fuel (NEP-F), which has been adopted to facilitate specific vulnerabilities faced by NI. The NEP-F is the emergency response plan for Government and the oil industry.

1.2 A fuel emergency can occur for a variety of reasons and may, in situations where there is an actual fuel shortage, (or even a perceived shortage), become an extremely emotive public issue. Whenever a threat to normal supplies of fuel emerges, it is essential to provide clear and accurate information to the public and stakeholders on what is happening.

Priority User Card Scheme

2.1 Should a significant local fuel supply disruption occur, the Department for the Economy (DfE) has in place a well-established Priority User Scheme (PUS) utilizing specific fuel cards and Designated Filling Stations (DFS), to ensure organisations carrying out a critical service have access to vehicle fuel. These critical services are defined by DfE as any activity or work that is carried out by an organisation, which has been identified **as essential to ensuring minimal negative impact to human welfare.**

2.2 The Fuel Cards themselves are simply a permit to purchase; a method of ensuring that the individual presenting it at a DFS is authorized to access what may be limited local fuel supplies. Fuel Cards will be checked by security staff on entering a DFS, but the user will be responsible for paying for their fuel as normal.

2.3 When issued to key staff, fuel cards must remain within their personal possession at all times. They are only to be used by the designated user and should they be lost or stolen, the loss must be reported immediately to the Director of Strategic Performance/Emergency Planning/Business Continuity Manager (HSCB). This will ensure the card will be cancelled in line with whatever arrangements DfE have advised for the particular emergency. **Table 1** sets out the current Priority User List for Northern Ireland. This is provided for information only.

2.4 The HSCB, is required by DfE/DoH to support the invocation of the PUS. Therefore, this plan outlines the process in terms of issuing, managing and recording relevant information for administering the Fuel Cards.

Communication Arrangements

3.1 Invocation of the PUS will be a matter for NICS/DfE and the HSCB will receive formal notification by the Department of Health, of when and how this should be

implemented. Details will also be advised to the general public via all appropriate multi-media communication channels, along with information on the location of the DFS.

3.2 As it is envisaged that the incident will cause significant disruption, the PHA/HSCB/BSO Joint Emergency Response Plan (JERP) will be activated, (HSC Sliver), in conjunction with the HSCB Business Continuity Plan. The Incident Control Team from HSC Sliver will coordinate the response across the HSC organisations.

Distribution of Fuel Cards

4.1 The Department of Health have provided the HSCB with fuel permits for use in a situation where there is an impact on the capacity for suppliers to deliver fuel. SMT and staff associated with Emergency Planning will be provided with a fuel card in the first instance. Other key staff required to maintain HSCB Critical Services will be identified as the need arises.

4.2 The Director of Strategic Performance and Emergency Planning/Business Continuity Manager (HSCB), are responsible for the allocation of fuel permits to staff within the HSCB when instructed by DfE and these permits are held securely by the Governance and Safety Directorate.

4.3 It is important to recognise that due to COVID-19, the majority of staff now work from home and hybrid working arrangements having been implemented across the organisation. Therefore, the majority of staff within the HSCB should not need to avail of a fuel card. However, those who do need to travel into the office should make all efforts to use alternative transport methods in the first instance, i.e. public transport, carpooling, working from home, walking to work hub transport locations.

4.4 Once the decision is taken to distribute the cards, staff will be emailed and told where to report to receive their card. They must bring with them proof of identification and sign for the card an agreed template. The details of who has signed for each card will be stored by the HSCB Incident Management Team and shared with DFE as and when required.

4.5 The Director of Integrated Care (HSCB) and the Head of Business Support (HSCB) are responsible for the allocation of fuel permits to General Medical Services and Community Pharmacy Contractors (1168 fuel permits have been allocated for GPs and 880 for Community Pharmacists in this respect). The process in which these will be allocated to Primary Care representatives is outlined within Appendix I.

Legal Requirements

5.1 Fuel purchased must be for essential work journeys only. Any member of staff thought to be abusing the system will be reported to the HSCB Incident Management Team for further investigation.

5.2 Misuse of the scheme is a criminal offence under the Energy Act 1976 and any individual who is found to be in breach of the terms of the Act may face criminal prosecution.

Stand Down of Plan

6.1 DFE will publicise on NI Direct, through government social media sites and via DoH, that the emergency is over and fuel cards will at that point become invalid. It is anticipated that the disruption to fuel supplies will be a temporary one and that normal supplies will be returned to normal as soon as possible.

6.2 All cards must be returned to the Emergency Planning/Business Continuity Manager, (HSCB) and the appropriate paperwork completed.

6.3 Once the incident has returned to normal it will be necessary for the Director of Strategic Performance to convene a recovery team to assess HSCB response to the incident and ensure that all lessons learned are assimilated into future planning. As soon as practicable it will also be necessary to ensure that HSCB normal business is resumed.

Table 1
Priority Use List

Red

- Police (inc mountain rescue), Harbour Police, Airport Police and Forces Police
- Fire Service (inc Airport Fire Service)
- Ambulance Service
- Emergency Health Trust Vehicles
- Doctor On-Call Vehicles
- Prison Officers
- Air Traffic Control, Met Office (ATC Cover)
- HM Coastguard/RNLI

Amber

- Health and Social Services – Core Primary Care
- Utilities (Electricity, Gas, Water, Sewage, Telecoms)
- Essential Local Government Services (waste collection environmental health burials)
- Dept of Agriculture Environment and Rural Affairs
- Dept for Communities (NI Housing Executive Emergency Repair)
- Fuel – Road Fuel Tanker Drivers, Terminal Staff, LPG Supply, Other Bulk Fuel Supply
- Dept of Infrastructure Road Gritting, (winter months)
- Translink (Public Transport)
- Key Airports/Ports support staff
- Designated Filling Station Staff

Green

- Community Health Services
- Medical Supply Transport & Logistics
- Food – Transport/Logistics, Critical Manufacturing & Packaging
- Animal Feedstuffs
- Dept for Communities (key Social Security Staff)
- Postal Services – Royal Mail, DHL, TNT
- Cash Handling
- Breakdown Services – AA, RAC

Appendix I

Directorate of Integrated Care - Priority User Permit Process

In the event of fuel shortages caused by the EU exit the following process will be implemented for the distribution of fuel cards to GP & Community pharmacists across the region of Northern Ireland to ensure continuity of services.

The bearer of the Priority User Permit is authorised to purchase fuel intended for use in a road vehicle at a filling station in Northern Ireland designated by emergency powers under the Energy Act 1976.

Note: The permit is issued on behalf of the Secretary of State. Deliberate misuse may result in prosecution under Section 18 & 19 of the Energy Act 1976.

Process for obtaining: Priority User Permit

Every Priority User Permit has its own unique barcode reference number. Practices/Contractors entitled will be assigned a Permit by the HSCB, Their name and practice details will be recorded against the Priority User Permit's unique Barcode Reference Number.

Those entitled to a Permit must provide ID and proof of practice address as part of the Priority User Permit application check process. Permits must be picked up from local offices in person by the named GP/Community Pharmacist as ID must be presented.

In order to assign the Priority User Permit, HSCB staff will:

- check and validate the ID of the individual being assigned the Priority User Permit
- check and confirm the information (Practice Details including address) of the individual being assigned the Priority User Permit.
- Obtain a signature from the individual being assigned the Priority User Permit
- Issue the Priority User Permit to the individual.

Guidance Notes

When checking the validity of the documents it is best practice to carry out this examination face to face. You must be in physical possession of the original documents. If there are any discrepancies in the information provided with the identity documents supplied, and fraud is not suspected, please ask for clarification.

Every GP Practice and Community Pharmacy across the region will be assigned at least 1 permit. For contractors that have 5 or more GP's or 4 or more community pharmacist's additional cards may be provided if requested and if appropriate until all the permits have been assigned.

HSCB staff - ID checking process

- you must only accept valid, current and original documentation
- you must not accept photocopies
- you must not accept documentation printed from the internet.
- you should in the first instance, seek documents with photographic identity (e.g. passport, driving licence, etc.) and for this to be compared against the individuals likeness
- all documents must be in the applicant's current name as recorded
- you must see at least one document to confirm the applicant's current practice address
- you should cross reference the applicant's address history with any other information you have been provided on the signoff sheet
- you should not accept the foreign equivalent of an identity document if that document is listed as '(UK)' on the list of valid identity documents

Process for return: Priority User Permit

Permits must be returned to the local office from which they were originally distributed.

In order to collate the return of the Priority User Permit, HSCB staff will:

- check and validate the ID of the individual returning the Priority User Permit.
- check and confirm the Practice Details and address of the returning Priority User Permit.
- Obtain a signature from the individual returning the Priority User Permit.
- Cross reference the returning details with the Priority User permits unique barcode reference number.
- Ensure all Priority User Permits are returned.