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# **Exercise Cerberus PHE National Exercise 8 February 2018**

[Images removed under  
Section 40 of the FOI Act]

## The report on Exercise Cerberus:

Exercise Cerberus was delivered on 8 February 2018 and was part of the Public Health England funded programme directed by the Emergency Preparedness, Resilience and Response Partnership Group, which is chaired by the Department of Health and Social Care. The exercise was designed to assess Public Health England's draft revised [REDACTED] in enabling the organisation's preparedness and response to public health emergencies and business continuity incidents.

The exercise was an opportunity to review the [REDACTED] before it is formally reviewed by PHE's Emergency Preparedness Resilience and Response Oversight Group. Although not included as a specific exercise objective, this walk through of the proposed revised [REDACTED] also provided the opportunity to consider the 'one PHE' Quality Model, which was established to help embed quality throughout Public health England.

This report was prepared by Public Health England's Emergency Response Department and was agreed with the exercise planning team. The lessons identified in the report are not necessarily PHE's corporate position; they are evidenced on the information gathered during the exercise and interpreted in the context of the Emergency Response Department's experience and judgement. It is suggested that the lessons identified are reviewed to assess if any further action is appropriate.



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## Executive summary

On 8 February 2018, Exercise Cerberus was conducted at the [REDACTED] [REDACTED] to assess Public Health England's draft revised [REDACTED] [REDACTED] in enabling the organisation's preparedness and response to public health emergencies and business continuity incidents.

Participation in the exercise was restricted to Public Health England's Centres, Regions and national level organisations and feedback indicated that the exercise was considered to be a valuable opportunity for participants to explore key issues of incident response procedures detailed within PHE's proposed revised [REDACTED].

There were 12 lessons identified from this exercise, which focused on five main headings aligned to the exercise objectives. The main lessons were:

- The [REDACTED] needs clarification on the response levels in particular for the Routine and Standard response levels. Participants at Exercise Cerberus thought that this was a significant issue
- The response roles from Centres through to National level would benefit from a systematic review to ensure that all roles are mutually supportive in a coordinated and effective manner. For example, the draft [REDACTED] does not include the key role of local /Centre level leadership during an incident and there can be duplication between the Strategic Director and the Incident Director
- All the incident roles should include a description and an action card. If this information is not included in the [REDACTED], then the document that contains it should be clearly referenced
- The [REDACTED] should incorporate PHE's Business Continuity Management processes and the Dynamic Risk Assessment needs to be developed further; in particular the Incident Management Arrangements should include business continuity events
- More clarity is required in the [REDACTED] about coordination with Devolved Administrations and how they can access the Emergency Coordination of Scientific Advice arrangements

A full list of lessons identified is included at Appendix A.

## 1. Introduction

This report describes the design, delivery and outcomes of the exercise that was held on 8 February 2018. The exercise was designed to assess Public Health England's (PHE) draft revised [REDACTED] in enabling the organisation's preparedness and response to public health emergencies and business continuity incidents. PHE's Emergency Response Department (ERD) was tasked to design, deliver and evaluate an exercise to help assess the revised [REDACTED] before it is formally reviewed by PHE's EPRR Oversight Group (PHE EPRR OG)

The exercise scoping document was reviewed and agreed by PHE's EPRR Delivery Group and subsequently by the Oversight Group on 6 December 2018. Due to PHE's ongoing concurrent responses to seasonal influenza and to outbreaks of avian influenza, the exercise scope and scenario were adjusted at short notice to reduce the required participation from Centres and Regions.

In advance of the exercise, an extensive consultation process across PHE on the proposed draft [REDACTED] had been completed.

## 2. Aim and objectives

### 2.1 Aim

To assess Public Health England's draft revised [REDACTED] in enabling the organisation's preparedness and response to public health emergencies and business continuity incidents.

### 2.2 Objectives

The objectives for the exercise were:

1. To assess the incident response procedures detailed within PHE's revised [REDACTED];
2. To clarify and confirm the role of the Strategic Response Group, the Strategic Director, the Incident Director, the Incident Management Team(s) and the Centres & Regions Operations Cell;
3. To clarify and confirm the internal coordination and communication processes between the Strategic Response Group, the Strategic Director, the Incident Director, the Incident Management Team(s) and the Centres & Regions Operations Cell;

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4. To assess PHE's processes to provide effective specialist advice and messages to the public, health professionals and organisations during a response; and
5. To assess PHE's mutual aid and business continuity arrangements whilst responding to incidents that impact on the delivery of its core business functions.

## Appendix A – Lessons Identified

Lesson	Description of lesson identified
<b>1. To assess the incident response procedures detailed within PHE’s revised [REDACTED]</b>	
1	The [REDACTED] needs clarification on the response levels: in particular for Routine and Standard. Participants at Exercise Cerberus thought that this was a significant issue
2	The [REDACTED] needs to provide more guidance as to how multiple alerts concerning the same incident can be better coordinated.
3	Clarify the flow of information and relationship between STAC and SAGE in the [REDACTED].
4	The [REDACTED] would benefit from further clarification on the response arrangements during multiple health protection incidents responses; in particular, the national level strategic leadership arrangements and the arrangements for concurrently operating multiple NICCs. These arrangements might be best described diagrammatically.
5	The stand down process in the [REDACTED] would benefit from more detail: the flow chart at 2.11 should include closing an incident.
<b>2. To clarify and confirm the role of the Strategic Response Group, the Strategic Director, the Incident Director, the Incident Management Team(s) and the Centres &amp; Regions Operations Cell</b>	
6	The response roles from Centres through to National level would benefit from a systematic review to ensure that all roles are mutually supportive in a coordinated and effective manner. For example, the draft [REDACTED] would benefit from further clarity on the key role of local / Centre leadership during an Enhanced response and there was often duplication between the roles of the Strategic Director and the Incident Director.
7	All the incident roles should include a description and an action card. If this information is not included in the [REDACTED], then the document that contains it should be clearly referenced.
<b>3. To clarify and confirm the internal coordination and communication processes between the Strategic Response Group, the Strategic Director, the Incident Director, the Incident Management Team(s) and the Centres &amp; Regions Operations Cell</b>	
8	Include more detail in the [REDACTED] as to how and when PHE’s national level specialist services can declare a response level.
<b>4. To assess PHE’s processes to provide effective specialist advice and messages to the public, health professionals and organisations during a response</b>	
9	Develop, implement and maintain a resilient internal staff alerting system.

Lesson	Description of lesson identified
10	The coordination of public messaging and specialist advice between local and national requires further clarification in the [REDACTED]; in particular the relationship between the PHE Communications and the NICC Guidance Cell needs to be clearer.
<b>5. To assess PHE’s mutual aid and business continuity arrangements whilst responding to incidents that impact on the delivery of its core business functions</b>	
11	PHE’s Business Continuity Management processes should be integral to the [REDACTED]; in particular the Risk Assessment and Incident Management Arrangements should include business continuity events.
<b>Other Issues Raised</b>	
12	More clarity is required in the [REDACTED] about coordination with Devolved Administrations and how they can access the Emergency Coordination of Scientific Advice arrangements

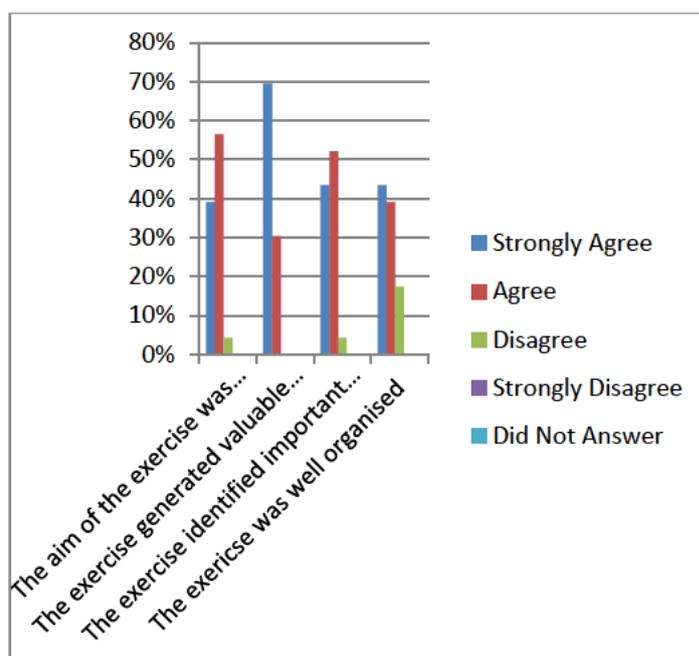
## Participant feedback

On the basis of the scoping document agreed by the December’s EPRR OG, on 8 January 2018, 97 members of PHE were invited to attend Exercise Cerberus. With less than two weeks before the delivery date, the exercise scope was amended to reduce the required participation from Centres and Regions.

There were 40 attendees at the exercise. This comprised of 29 participants, six facilitators, one observer and four members of EXCON staff. 23 attendees completed feedback forms. Feedback on the exercise is displayed below. 96% of responses agreed that the aim of the exercise was achieved, 100% of responses agreed that the exercise generated valuable discussions and 96% agreed that the exercise identified important lessons. Feedback from participants confirmed they considered the exercise a valuable experience and of benefit but it would have been more beneficial if more participants attended.

The 17% who disagreed the exercise was well organised attributed it to the lack of participation in the exercise and lack of role representation.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Did Not Answer
The aim of the exercise was achieved	<b>39%</b>	<b>57%</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>
The exercise generated valuable discussions and actions	<b>70%</b>	<b>30%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
The exercise identified important lessons	<b>43%</b>	<b>52%</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>
The exercise was well organised	<b>43%</b>	<b>39%</b>	<b>17%</b>	<b>0%</b>	<b>0%</b>



## Disclaimer

The exercise scenarios are entirely fictitious and are intended for training and exercise purposes only. The exercise report is provided by Public Health England and is subject to © Crown Copyright 2018.

This report has been compiled from the comments made by the participants during the exercise and the observations of facilitators and note takers. The report's author has tried to assimilate this information in an impartial and unbiased manner to draw out the key themes and lessons: the report is not a verbatim account of the exercise. The report is then quality checked by the senior management within PHE's Emergency Response Department before it is released to the sponsoring organisation.

The lessons identified in the report are not therefore necessarily PHE's corporate position; they are evidenced on the information gathered at the exercise and interpreted in the context of ERD's experience and judgement. It is suggested that the lessons identified are reviewed by the appropriate organisations to assess if any further action is required.

**Public Health England**  
**Emergency Response Department**

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