

Andrew Elliott
Director
Population Health Directorate



Department of
**Health, Social Services
and Public Safety**

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AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

POLICY CIRCULAR

<p>Subject:</p> <p>Emergency Preparedness for Health and Social Care Organisations</p>	<p>Circular Reference: HSC (PHD) Communication 1/2010 Date of Issue: 8 April 2010</p>
<p>For action by:</p> <p>Chief Executive, PHA, for cascade to:</p> <ul style="list-style-type: none"> Emergency Planning Leads Governance Leads Directors of Nursing <p>Director of Public Health / Medical Director, PHA, for cascade to:</p> <ul style="list-style-type: none"> Assistant Director of Public Health (Health Protection) Leads for Emergency Planning <p>Chief Executive, HSC Board, for cascade to:</p> <ul style="list-style-type: none"> Emergency Planning Leads Governance Leads Director of Social Services <p>Chief Executives, HSC Trusts, for cascade to:</p> <ul style="list-style-type: none"> Medical Directors Directors of Nursing Directors of Social Services Emergency Planning Leads <p>Chief Executive NIAS</p> <p>Chief Executive, BSO</p> <p>Chief Executive, NIBTS</p> <p>Chief Executive, NIGaLA</p> <p>For information to:</p> <p>Chief Fire Officer, NIFRS</p> <p>Chief Executive, RQIA</p> <p>Chief Executive, PCC</p> <p>Chief Executive, NIMDTA</p> <p>Secretary, LGEM Group</p> <p>Chief Executive, NISCC</p> <p>Chief Executive, NIPEC</p>	<p>Related documents</p> <p>A Guide to Emergency Planning Arrangements in Northern Ireland 2004 http://www.ofmdfmi.gov.uk/aguidetoemergencyplanningarrangements.pdf</p> <p>The Civil Contingencies Act 2004 http://www.opsi.gov.uk/acts/acts2004/ukpga_20040036_en_1</p> <p>The Northern Ireland Civil Contingencies Framework 2005 http://www.ofmdfmi.gov.uk/ni-ccf-dec05.pdf</p> <p>An Assurance Framework: a Practical Guide for boards of DHSSPS Arm's Length Bodies 2009 http://www.dhsspsni.gov.uk/establishing_an_hpss_assurance_framework-current_31_03_09.pdf</p> <p>The Northern Ireland Standards in Civil Protection http://www.ofmdfmi.gov.uk/standardsincivilprotection.pdf</p> <p>Superseded documents</p> <p>Circular PSU1/2001</p> <p>Status of contents:</p> <p>For implementation from 1 April 2010</p> <p>Implementation:</p> <p>Ongoing</p> <p>Enquiries:</p> <p>Any enquiries about the content of this Circular should be addressed to: Emergency Planning Branch:</p> <div data-bbox="655 1707 882 1832" style="border: 1px solid black; padding: 5px;"> <p>Irrelevant & Sensitive</p> </div> <div data-bbox="655 1832 850 1862" style="border: 1px solid black; padding: 2px;"> <p>I&S</p> </div> <div data-bbox="882 1832 1281 1862" style="border: 1px solid black; padding: 2px;"> <p><input checked="" type="checkbox"/> Irrelevant & Sensitive @dhsspsni.gov.uk</p> </div> <p>Summary of contents:</p> <p>The purpose of this circular is to highlight the roles and responsibilities of Health and Social Care organisations in relation to emergency preparedness.</p>

DH1/10/9015

Dear Colleagues

The purpose of the attached circular is to:

- (i) clarify the roles and responsibilities of the Department and Health and Social Care (HSC) organisations in respect of emergency preparedness;
- (ii) outline requirements regarding reporting annual activities and the monitoring thereof.

Background

The Northern Ireland Civil Contingencies Framework 2005 was developed to provide guidance for Northern Ireland public service organisations to enable them to discharge their civil contingencies responsibilities. The aim of the Framework is to ensure that the people of Northern Ireland receive a level of protection and emergency response which is consistent with that elsewhere in the UK and which meets their needs and expectations. The Framework consolidates policy on civil protection in the public sector and identifies ten core principles and what is expected of public service organisations in relation to them.

Purpose of Planning

The purpose of planning for emergencies in the (HSC) sector is to ensure preparedness for an effective response to any major incident or emergency. All HSC organisations, other contracted health and social care providers, local authorities and other local organisations must give a high priority to putting in place and testing plans and arrangements that would deliver an effective response to threats and hazards. This should include chemical, biological, radiological and/or nuclear (CBRN) threats, conventional terrorism, fuel and supplies disruption, flooding, public health incidents and emergencies arising from climate change.

An important aspect of planning is that business continuity planning should be integral to the good governance arrangements of each HSC organisation, as it provides the strategic framework for ensuring an organisation's resilience to

interruption. Business continuity management should be part of the normal responsibilities of managers. This should therefore be reflected in job descriptions and in resource allocation.

Governance

The boards of HSC organisations are responsible for ensuring that their organisation has effective emergency preparedness and business continuity plans in place, as part of their corporate governance arrangements. Each board should assure itself that, **where its organisation has a responsibility**, the following strands of an effective response are in place and able to be deployed at short notice should the situation demand it:

- robust and tested command and control arrangements, that reflect the overall HSC command and control arrangements and also meet the organisation's local obligations under the Civil Contingencies Framework;
- developed and tested clinically-led surge plans, including for adult and paediatric critical care;
- business continuity management processes are undertaken to enable the delivery of services in response to an emergency, the maintenance of essential services to the public through a business disruption and the promotion of recovery thereafter;
- workforce protection strategies associated with business continuity including appropriate HR policies, personal and public involvement and vaccination delivery models;
- a strategy covering escalation of the health and social care response to an emerging situation, including triggers, bed management, equipment and stock, staffing implications and communications; and
- a systematic, embedded and resilient approach to mutual aid.

Each Trust and front line health and social care provider is required to have effective and efficient emergency preparedness processes and coordinated response action plans in place, as appropriate, to deal with major incidents or emergency situations and during the recovery period. The emergency planning Controls Assurance Standard allows an organisation to demonstrate how it:

- responds to incidents which are outside the normal experience and which are of such a scale that special arrangements are necessary;
- effectively contributes to the combined response of the Northern Ireland Ambulance Service (NIAS), including its Hazardous Area Response Team (HART) capability, Northern Ireland Fire and Rescue Service (NIFRS), the Police Service of Northern Ireland (PSNI), Maritime and Coastguard Agency (MCA) and other agencies.

Action required

Following the restructuring of the HSC sector, I would draw your attention to the roles and responsibilities of your organisations in relation to emergency preparedness.

These roles and responsibilities are set out in the attached POLICY CIRCULAR at Annex A. They have been reviewed by relevant professional colleagues in the Department and approved for regional dissemination.

I would ask you to cascade this circular to the relevant emergency planning leads within your organisation. Your emergency response plans should be reviewed to ensure that they reflect the revised roles and responsibilities as set out in this circular and to ensure that there are no gaps in planning. The actions outlined at paragraph 5 of the circular at Annex A should now be taken forward.

The Emergency Planning Controls Assurance Standard has also been revised and updated to reflect the new organisational structures and will be available shortly.

Organisations will be required to monitor compliance against the revised standard in 2010/2011.

Yours faithfully,

Personal Data

Andrew Elliott
Director of Population Health Directorate

POLICY CIRCULAR – HSC (PHD) 1/2010

EMERGENCY PREPAREDNESS FOR HSC

1. PURPOSE OF CIRCULAR

1.1 The Circular aims to:

- provide clarity on the requirements of HSC organisations in relation to emergency preparedness;
- clearly define the emergency preparedness roles and responsibilities of HSC organisations following restructuring;
- reaffirm the need, not only for plans to be developed, but for these plans to be regularly reviewed, tested and validated, in order to ensure an effective response to any emergency situation.

2. SUMMARY OF ROLES

Department of Health, Social Services and Public Safety (DHSSPS)

2.1 The DHSSPS is the Lead Government Department (LGD) in Northern Ireland for responding to the health consequences of emergencies from the following categories:

- CBRN (a Chemical, Biological, Radiological and/or Nuclear incident brought about either through terrorism, industrial accidents or by natural causes);
- Disruption of Medical Supply Chains;
- Human Infectious Diseases; and
- Mass Casualties.

2.2 The DHSSPS, as an LGD, is required to maintain a state of readiness and build resilience to allow it to lead effectively the response to such health emergencies where they occur in, affect, or have the potential to affect, Northern Ireland.

2.3 The principles set out in “A Guide to Emergency Planning Arrangements in Northern Ireland”, published by the Office of the First Minister and deputy First Minister (OFMDFM) in 2004, were endorsed by the Head of the Northern Ireland Civil Service. Elements of this guidance have now been superseded by the Civil Contingencies Act 2004 and the Northern Ireland Civil Contingencies Framework 2005. The Civil Contingencies Act 2004 is currently being reviewed under the auspices of the Civil Contingencies Act Enhancement Programme.

2.4 The Department’s role extends to supporting the HSC in its planning, preparation and response to all types of emergencies arising from any accident, infectious epidemic, natural disaster, failure of utilities or systems, or hostile act that poses any threat to the health of the community.

Public Health Agency (PHA)

2.5 The three core functions of the PHA are health protection, health improvement and commissioning support to the Health and Social Care Board. The PHA’s responsibility for the statutory health protection function includes emergency preparedness, the development of Public Health emergency plans and support to Trusts and other HSC and non-HSC organisations as required. The PHA will also support the Performance Management and Service Improvement Directorate of the Health and Social Care Board in formal performance monitoring meetings.

Health and Social Care Board (HSCB)

2.6 The three core functions of the HSCB are finance; commissioning; and performance management and service improvement. The HSCB and PHA will work closely in reviewing performance in those areas for which the PHA is the lead organisation (such as health protection, including emergency preparedness) and any escalation of performance risks in these areas will be jointly agreed by HSCB and PHA. HSCB will also work with DHSSPS and the PHA to secure funding and resources required to deliver health protection services to required standards.

HSC Trusts and Front Line Health and Social Care Providers

- 2.7 Each Trust and front line health and social care provider is required to have comprehensive, robust and flexible plans to address any major incident or emergency situation and ensure that these plans are regularly reviewed, tested and validated.

Business Services Organisation (BSO)

- 2.8 Through provision of its business support functions, such as procurement, logistics and human resources, across the HSC sector, the BSO will contribute to an integrated approach to ensuring an effective emergency response. Information technology services within BSO will support IT infrastructure and specialist software programmes, including web based surveillance programmes, will aid the management of data flows during an emergency.

3 RESPONSIBILITIES

DHSSPS RESPONSIBILITIES

- 3.1 Developing strategic emergency preparedness policy and guidance, including target setting, for HSC organisations and providing emergency preparedness advice as appropriate.
- 3.2 Leading and co-ordinating the health response when an emergency has been categorised as serious or catastrophic **and** requires a cross-departmental or cross-governmental response. In this scenario the Department will be supported by PHA, HSCB and BSO. The severity and complexity of an emergency will dictate the level of involvement of Department.
- 3.3 Obtaining relevant information from HSC to inform briefing to Minister on emergency preparedness issues.
- 3.4 Promoting collaborative emergency preparedness within the HSC and liaison, as appropriate, with other Government Departments including the Department of Health, other Devolved Administrations, the Republic of

Ireland and other international liaison, both in relation to emergency preparedness issues and during the course of a major incident or emergency situation.

- 3.5 Within the resources available, allocate funding for Health Protection Services, to enable HSC organisations to meet their emergency planning responsibilities. To maintain, monitor and decide on any adjustments to finances for the overall health and social care response in an emergency and directing on redeployment of resources, where appropriate.

PHA RESPONSIBILITIES

- 3.6 Responding to public health emergencies¹ (including chemical and biological emergencies) through the provision of robust local arrangements 24/7 that include providing an early assessment of the actual or likely impact the incident may have on public health and public safety.
- 3.7 Ensuring that an effective ongoing public health response / advice is provided to chemical contamination or other pollution incidents, which would impact upon the health of the population.
- 3.8 Ensuring that out of hours contact and 'on-call' arrangements are maintained and that the provision of a 24/7 public health advice is sufficient during an emergency response.
- 3.9 Establishing, running and contributing to a Scientific and Technical Advice Cell (STAC) as and when required.
- 3.10 Along with HSCB, jointly leading the coordination of the HSC response when an incident or emergency involves more than one Trust, but does not require cross-department or cross-government coordination i.e. when an emergency is categorised as significant. This includes the setting up and running of an Emergency Operations Centre (EOC) where necessary. The PHA/HSCB balance of the decision-making team and chair will be dependent on the specifics of the incident.

¹ "any event that presents a serious threat or potential threat to the health of the population or local community".

3.11 Working with the HSCB as part of performance management processes to ensure that Trusts and other front line service providers maintain emergency plans and that these are regularly reviewed, validated and tested, the PHA will:

- participate in quality assurance of Trust major incident or emergency preparedness plans;
- ensure that Trusts conduct risk assessments for potential hazards within their geographical area; and
- facilitate the coordination of HSC emergency plans at a regional level and liaison with other agencies and the emergency services as and when required.

3.12 Working within the resources available facilitating training of, and emergency preparedness exercises for, relevant staff across the HSC system and DHSSPS, including promotion of training initiatives.

3.13 Participating in multi-agency emergency preparedness and response as set out within the Civil Contingencies Framework as required.

3.14 Providing HSC organisations with emergency preparedness guidance and advice as required.

3.15 Working with HSCB and BSO colleagues to co-ordinate the provision of HSC situation reports, as required, to the Department in the agreed format within the timescales requested to facilitate briefing for Minister, the NI Assembly and NI Executive in respect of incident / emergency management.

3.16 Ensuring that effective PHA business continuity measures and plans are in place, in line with good corporate governance principles and practice.

3.17 Co-ordinating and providing a joint PHA/HSCB/BSO annual report on emergency planning activities to the Department, in the agreed format, encompassing the key elements set out in the appendix (see paragraph 5.2).

HSCB RESPONSIBILITIES

- 3.18 Working in partnership with PHA and, within the context of the available allocated resources, as HSCB/PHA develop commissioning plans and service and budget agreements, the HSCB should give due regard to the resources Trusts require to fulfil their emergency preparedness and response responsibilities.
- 3.19 Ensuring that service and budget agreements (SBAs), with Trusts and other front line service providers, specify requirements in respect of emergency preparedness:
- a) SBAs should specify effective liaison and co-operation with other relevant organisations, the emergency services and other agencies to ensure an integrated response to major incidents or emergencies;
 - b) SBAs should specify that effective business continuity management and recovery strategies are in place.
- 3.20 Liaising closely with PHA in reviewing performance in the areas for which PHA is the lead organisation (this includes emergency preparedness as part of the PHA health protection function).
- 3.21 Working with the PHA as part of performance management processes to ensure that Trusts and other front line service providers maintain emergency plans and that these are regularly reviewed, validated and tested, the HSCB will:
- participate in quality assurance of Trust major incident or emergency preparedness plans;
 - ensure that Trusts conduct risk assessments for potential hazards within their geographical area; and
 - facilitate the coordination of HSC emergency plans at a regional level and liaison with other agencies and the emergency services as and when required.

- 3.22 Along with PHA, jointly leading the coordination of the HSC response when an incident or emergency involves more than one Trust, but does not require cross-department or cross-government coordination i.e. when an emergency is categorised as significant. This includes the setting up and running of an Emergency Operations Centre where necessary. The PHA/HSCB balance of the decision-making team and chair will be dependent on the specifics of the incident.
- 3.23 Taking the lead in co-ordinating emergency preparedness in primary care.
- 3.24 Ensuring that effective business continuity measures and plans are in place, in line with good corporate governance principles and practice.
- 3.25 Contributing fully to the joint PHA/HSCB/BSO annual report on emergency planning activities provided to the Department by PHA, in the agreed format, encompassing the key elements set out in the appendix (see paragraph 5.2).

HSC TRUST RESPONSIBILITIES

- 3.26 Ensuring compliance with contractual arrangements and DHSSPS emergency preparedness guidance by developing comprehensive, robust and flexible emergency preparedness plans to address a range of emergency situations.
- 3.27 Ensuring that Trust emergency preparedness plans build upon existing services and expertise and comply with Northern Ireland Standards in Civil Protection.
- 3.28 Ensuring that effective business continuity measures and plans are in place, in line with good corporate governance principles and practice.
- 3.29 Ensuring that Trust emergency plans are regularly reviewed, tested and validated and that they are compatible with the plans of other organisations in HSC as well as compatible with those of other responders.
- 3.30 Ensuring that hazard analysis and risk assessment is carried out.

- 3.31 Ensuring that adequate resources, within the context of allocated resources, are provided to deliver an emergency response and that staff are familiar with the plans, receive appropriate training and have access to appropriate equipment.
- 3.32 Ensuring that out of hours contact and 'on-call' arrangements are maintained.
- 3.33 Liaison and co-operation with other key HSC staff, agencies (including district councils), designated voluntary organisations and the emergency services to ensure an integrated response to major incidents and follow-up support with long term counselling if required.
- 3.34 When an incident is confined to one Trust, that Trust should lead the health response, drawing on support from PHA and HSCB, as required. As a minimum, the Trust should keep the PHA informed.
- 3.35 Providing situation reports, as required, to the PHA in the agreed format within the timescale requested.
- 3.36 Ensuring that the Trust complies with the emergency preparedness and response performance management arrangements put in place by HSCB/PHA (including regular reports encompassing the key elements set out in the appendix - see paragraph 5.1).

BSO and SPECIAL AGENCIES RESPONSIBILITIES

- 3.37 Ensuring compliance with contractual arrangements and DHSSPS emergency preparedness guidance by developing comprehensive, robust and flexible emergency preparedness plans to address a range of emergency situations.
- 3.38 Ensuring that organisational emergency preparedness plans build upon existing services and expertise and comply with Northern Ireland Standards in Civil Protection.

- 3.39 Ensuring that effective business continuity measures and plans are in place, in line with good corporate governance principles and practice.
- 3.40 Ensuring that organisational emergency plans are regularly reviewed, tested and validated and that they are compatible with the plans of other organisations in HSC as well as compatible with those of other responders.
- 3.41 Ensuring that hazard analysis and risk assessment is carried out.
- 3.42 Ensuring that, within the allocated resources, adequate resources are provided to deliver an emergency response and that staff are familiar with the plans, receive appropriate training and have access to appropriate equipment.
- 3.43 Ensuring that out of hours contact and 'on-call' arrangements are maintained.
- 3.44 Liaison and co-operation with other key HSC staff, agencies, designated voluntary organisations and the emergency services to ensure an integrated response to major incidents and follow-up support with long term counselling if required.
- 3.45 BSO specifically must contribute fully to the joint PHA/HSCB/BSO annual report on emergency planning activities provided to the Department by PHA, in an agreed format, encompassing the key elements set out in the appendix (see paragraph 5.2).

4 MONITORING

- 4.1 As with other health protection areas, the HSCB will take the lead role in performance monitoring emergency preparedness related activities, targets and projects within the service.
- 4.2 The HSCB will be supported in its emergency preparedness monitoring role by the PHA, as outlined in paragraphs 3.11 and 3.21 above.
- 4.3 The PHA and HSCB will report to the Department on an exception basis.

- 4.4 Through regular meetings with the Department, the PHA, supported by the HSCB, will provide assurance to the Department on progress made in emergency preparedness.

5 ACTIONS TO BE TAKEN

- 5.1 HSC Trusts will include the key elements outlined in the Appendix in the progress reports to the HSCB/PHA as part of the performance monitoring arrangements. This will constitute the annual reporting of activities required by the Civil Contingencies Framework. A template for this purpose will be provided by the HSCB/PHA shortly.
- 5.2 The HSC Board, PHA, BSO and Special Agencies will include the key elements outlined in the Appendix in the progress reports to the Department as part of the performance monitoring arrangements. This will constitute the annual reporting of activities required by the Civil Contingencies Framework
- 5.3 You will note from correspondence of 3 February from the Department's Director of Planning & Performance Management that one of the core information requirements of HSC organisations is to have a business continuity plan in place. Therefore, by **30 April 2010**, all organisations to confirm that a corporate business continuity plan is in place (either an overarching plan or suite of plans which constitutes a corporate plan). This confirmation should be returned to I&S [@dhsspsni.gov.uk](mailto:dhsspsni.gov.uk).

Key elements of reporting progress on Emergency Preparedness to be included in performance management monitoring reports

1: Leadership

Does your organisation have commitment from the Chief Executive and Senior Managers regarding your emergency planning preparedness and how is this demonstrated?

2: Multi-Agency collaboration including any cross border initiatives

Demonstrate how your organisation has consulted and collaborated proactively with local stakeholders, inside and outside the HSC, concerning roles and responsibilities, to ensure that your preparedness plans are sustainable in the event of any emergency.

3: Planning, validating and reviewing

Indicate what programme of activity has been undertaken for emergency preparedness planning and response. Include confirmation that you have an emergency preparedness plan in place and demonstrate how you have validated this plan. Please demonstrate how regularly your organisation has reviewed its plans and when it has been revised to reflect any changes deemed necessary.

4. Testing, exercising and training

Indicate what activity has been undertaken to test and exercise your emergency preparedness plans and indicate what training has been provided to ensure that all appropriate staff receive and consolidate emergency planning preparedness and response that is commensurate with their role in an emergency response. This should include training and exercising with other HSC organisations and multi-agency partners.