

**From the Chief Medical Officer
Professor Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD) 44/2022

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Deputy Secretary SPPG

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 9052 0563

Email: Michael.McBride@health-ni.gov.uk

Our Ref: HSS(MD) 44/2022

Date: 14 September 2022

Dear Colleague

**EMERGENCY PLANNING POLICY, GOVERNANCE AND REPORTING
CHANGES**

Purpose

1. The purpose of this letter and the attached policy circular is:
 - to clarify the roles and responsibilities of the Department of Health (DoH) and Health and Social Care (HSC) organisations in regard to emergency preparedness, following the closure of the Health and Social Care Board's (HSCB) and migration of HSCB functions to the new Strategic Planning and Performance Group (SPPG) within the DoH; and
 - to outline requirements regarding the reporting of annual activities and the monitoring thereof.

Background

2. The Northern Ireland Civil Contingencies Framework (2021) provides guidance for Northern Ireland public service organisations to enable them to discharge their responsibilities in relation to Civil Contingencies. The roles and responsibilities of each HSC Organisation, in regard to emergency planning and preparedness, were previously outlined in the "Emergency Planning Policy Circular - HSC (PHD) Communication 1/2010". However, as outlined above, these have been reviewed and amended to reflect recent changes.
3. The revised roles and responsibilities are set out in the policy circular attached at Annex A. This document has been approved for regional dissemination and replaces the 2010 policy circular referred to above. Accompanying changes to governance arrangements and reporting are outlined in this letter.

Key Changes reflected in the Policy Circular

4. SPPG within DoH will retain the roles and responsibilities that previously sat with HSCB and will:
 - provide an enhanced monitoring and performance management function;
 - provide an enhanced horizon planning/risk assessment for major events in NI; and
 - agree and enhance the Regional HSC annual accredited training programme, based on a training needs analysis.
5. The role of DoH as the lead government department setting standards/key targets for HSC Emergency Preparedness, Resilience and Response will continue as before to be coordinated through Emergency Planning Branch (EPB) within CMO Group in DoH.

Changes to Governance and Reporting Arrangements

6. To accompany the new policy circular, the roles, membership and timing of the existing Emergency Planning (EP) working groups have been reviewed to support the monitoring function of SPPG. As a result, the NI Health Emergency Forum (NI HEPF) will now meet on an annual basis, to provide strategic direction and focus on defining agreed annual priorities and for HSC emergency preparedness.
7. As part of the annual review of EP Core Standards, the NI HEPF will define the area which will be subject to a 'deep dive' review as part of the EP Core Standards. Defining the area for the review will be based on learning from incidents and events from the previous year or may be informed by horizon scanning and risk assessment for potential future events.
8. The NI HEPF will continue to be co-chaired by DoH and PHA and attendance should include the Trust Medical Directors and/or their nominated Assistant Directors, (to include NIFRS, NIBTS and BRC) with appropriate representation from SPPG/PHA/BSO.
9. I should be grateful if you would please forward details of nominees for NI HEPF membership from your organisation/group to emergencyplanning@health-ni.gov.uk by 30 September 2022.
10. The Core Standards Framework will remain unchanged. However the reporting structure will alter to reflect revised roles and responsibilities as shown in table 1 overleaf.

Table 1 - Reporting for EP Core Standards

Organisation/Group	Core Standards returned to
Trusts and NIAS	SPPG
SPPG* Public Health Agency Business Services Organisation NI Blood Transfusion Service NI Social Care Council NIGALA	DoH, Emergency Planning Branch

*It is recognised that SPPG is not a standalone organisation, rather a Group within DoH. Nevertheless, as part of its tripartite role within Health Silver, it will contribute to the completion of Core Standards to DoH Emergency Planning Branch (EPB), in conjunction with PHA and BSO.

11. Further, SPPG on behalf of DoH EPB will receive and analyse Core Standards and Annual Reports from HSC Trusts, as well as any updates relating to priorities set by DoH EPB. The SPPG will in turn, upward report to DoH EPB on Trusts' performance. As outlined above, the SPPG, PHA and BSO will continue to submit Core Standards and their Emergency Planning Annual Report to DOH EPB. For the 2021/22 year all annual reports should be forwarded to SPPG sppgemergencyplanning@hscni.net by 31 October 2022.

12. SPPG will be in contact with HSC Trusts directly providing further detail regarding its revised role and remit.

Action required

13. I would ask that you:

- cascade this circular to Directors responsible for emergency planning, resilience and response;
- review your emergency response plans to ensure that they reflect the revised roles and responsibilities as set out in the attached policy circular; and
- forward details of nominees for NI HEPF membership for your organisation/group to emergencyplanningbranch@health-ni.gov.uk by 30th September 2022.

Yours sincerely



PROFESSOR SIR MICHAEL McBRIDE
Chief Medical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Chief Executive Business Services Organisation
NI Fire and Rescue Service
NI Blood Transfusion Service
NI Social Care Council
NIGALA

This letter is available on the Department of Health website at
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>

HSS 44/2022 - DoH and HSC Emergency Planning Policy Circular

SEPTEMBER 2022

1. PURPOSE OF CIRCULAR

1.1 This Circular aims to:

- provide clarity about the requirements on Health and Social Care (HSC) organisations in relation to Emergency Preparedness, Resilience and Response (EPRR)
- clarify the monitoring and reporting arrangements for HSC EPRR

1.2 This document replaces the circular titled “Emergency Preparedness for Health and Social Care Organisations” (issued on 8 April 2010) and notes both the closure of the Health and Social Care Board on 31 March 2022 and the creation of the Strategic Performance and Planning Group (SPPG) within the Department of Health (DoH) on 1 April 2022.

2. BACKGROUND

2.1 The [Northern Ireland Civil Contingencies Framework](#), published on 1 August 2021, sets out “the Northern Ireland arrangements for effective emergency management, identifying the processes involved in preparing for, responding to and recovering from an emergency”. While the framework cannot be prescriptive in terms of particular incidents, it outlines the philosophy for civil contingencies response in Northern Ireland. The framework draws upon best practice and lessons learned from previous emergencies within Northern Ireland and includes UK, Republic of Ireland (ROI) and global experiences.

2.2 The NI Civil Contingencies Framework brings together the existing protocols and guidance under one umbrella and as a result the following protocols are now rescinded:

- CCG (NI) Protocol for the NI Central Crisis Management Arrangements (NICCMA) 2016

- CCG (NI) Protocol for the Escalation of the Multi-Agency Response 2016
- CCG (NI) Protocol For Multi-Agency Co-ordination Of Local Level Response and Recovery 2016
- CCG (NI) Vulnerable People Protocol September 2016
- CCG (NI) Protocol for the Collaborative Communications Process 2016
- Guide to Risk Assessment in NI – January 2010
- NI Guide to Plan Preparation 2002
- A Guide to Emergency Planning Arrangements in NI September 2011

2.3 In terms of governance, the framework is complimentary to the [Civil Contingencies Act 2004](#) (CCA). The CCA delivers a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts:

- Part 1: Local arrangements for civil protection; and
- Part 2: Emergency powers.

The CCA is currently under review and the need to update the Northern Ireland legislation will be assessed once that review is complete, including the introduction of secondary legislation if required and appropriate.

3. PURPOSE OF PLANNING

3.1 The purpose of planning for emergencies in the HSC sector is to ensure that the sector is prepared to mount an effective response to any major incident or emergency. All HSC organisations, contracted HSC providers, local authorities, and other local organisations must, as a priority, put in place and test plans and arrangements that would deliver an effective response to threats and hazards.

3.2 This should include planning for Chemical, Biological, Radiological and/or Nuclear (CBRN) threats; terror attacks; fuel and supplies disruption; flooding; public health incidents such as infectious disease outbreaks and pandemics; and emergencies arising from climate change. Business continuity planning should be integral to the good governance arrangements of each HSC

organisation, as it provides the strategic framework to ensure an organisation's resilience to interruption.

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

4. GOVERNANCE

- 4.1 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 are able to be deployed at short notice should the situation demand it:

- robust, 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 - undertaken to enable the delivery of services in response to an emergency; to ensure 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; and
- a strategy covering escalation of the health and social care response to an emerging situation, including on-call arrangements, triggers, bed management, equipment and stock, staffing implications and communications.

- 4.2 Organisations are required to ensure that adequate resources are available for the provision of training and exercising, and the delivery of an emergency response.
- 4.3 Each HSC organisation 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 the consequent recovery period.
- 4.4 This includes ensuring that out of hours contact and 'on-call' arrangements are maintained.
- 4.5 The HSC Core Standards for Emergency Planning Framework allows HSC organisations to assess their compliance against national standards on an annual basis. Assessment of these standards will assist in setting the strategic direction in relation to planning, preparation, training and exercising.

5. STRUCTURES FOR RESPONDING TO HEALTH EMERGENCIES

In response to a health emergency, the hierarchy of response structures below may be triggered (see Figure 1). The level at which the structures will be set up will be determined by the scale of the emergency and level of crisis management required:

- Health Gold strategic level response structures are led by the Chief Medical Officer or the appointed deputy and supported by Emergency Planning Branch.
- Health Silver is the tripartite grouping of the Public Health Agency (PHA), the Strategic Planning and Performance Group (SPPG) and Business Services Organisation (BSO), any one of which may lead a tactical level response, depending on the nature of the incident.
- Health Bronze refers to the operational or Trust level response. These structures are set out in the DoH Emergency Response Plan and the PHA/SPPG/BSO Joint Response Emergency Plan.

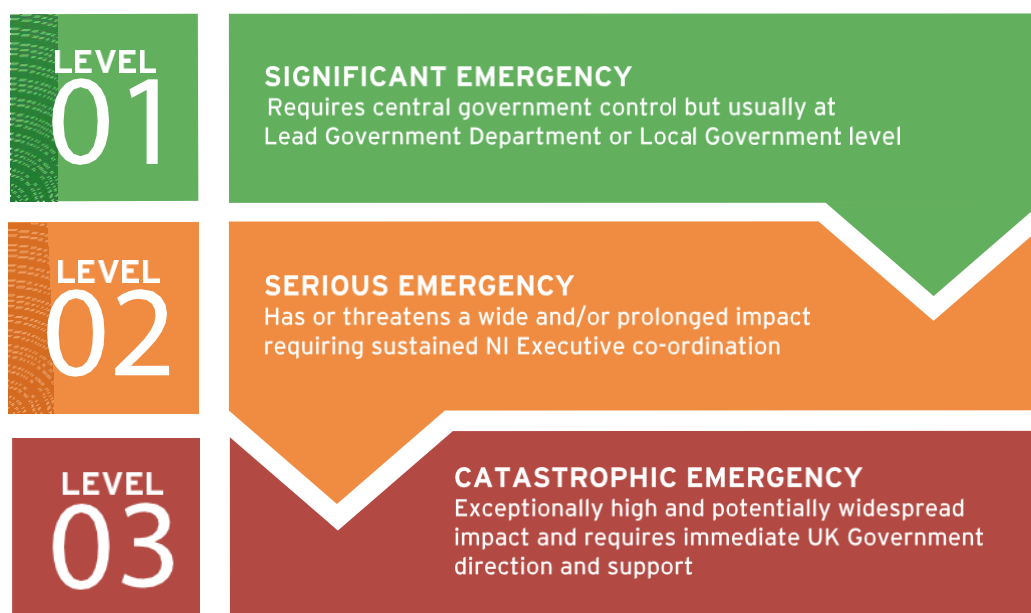
Figure 1 – Emergency Response Structures



6. SUMMARY OF ROLES & RESPONSIBILITIES

6.1 The range and nature of emergencies is so vast that emergencies are best defined by scale rather than type, see Figure 2 below. Each HSC organisation has in place its own plans for escalation and de-escalation.

Figure 2 - UK Emergency Scale Levels



Department of Health (DoH) – Strategic level – Chief Medical Officer Group (CMOG)

- 6.2 The DoH is the Lead Government Department (LGD) in Northern Ireland for responding to the health consequences of emergencies. DoH provides advice and public health guidance to Ministers and the Executive to help with decision making and has responsibility for developing policy, guidance and advice to maintain a state of readiness and build resilience. This enables DoH to effectively lead and co-ordinate the Health Gold response to emergencies where they affect, or have the potential to affect, human health in Northern Ireland.
- 6.3 The Chief Medical Officer Group (CMOG) within DoH ensures that plans are in place for health emergencies identified in the National Security Risk Assessment and NI Risk Register and their associated planning assumptions. CMOG will ensure that there is coordination of a whole-system response to high-end risks impacting on public health and the wider health care system, where Health Gold command is activated. Such health emergencies may include but are not limited to: human infectious diseases; mass casualties; CBRN attacks; and disruption of medical supply chains.
- 6.4 The key responsibilities for DoH, coordinated by CMOG (where the DoH emergency planning function sits), are:
- To develop strategic emergency preparedness policy and guidance, including target setting, for HSC organisations and providing emergency preparedness advice as appropriate.
 - To lead and co-ordinate the health response when an emergency has been categorised as SERIOUS or CATASTROPHIC and requires a cross-departmental or cross-governmental response to include set-up of Health Gold Emergency Operations Centre and coordination of Situation Reports (SitReps) between HSC, the Minister, the NI Hub and the UK Government (UKG). In this scenario the Department would be supported by Health Silver. The severity and complexity of an emergency would dictate the level of involvement of the Department.

- To obtain relevant information from HSC to inform briefing to the Minister and the Executive on emergency preparedness issues.
- To promote collaborative emergency preparedness within the HSC and to liaise, as appropriate, with other Government Departments in NICS and UKG, 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.
- Identifying and learning lessons and reviewing plans annually or following stand up of the emergency response functions.

6.5 Within the resources available, DoH will allocate funding to enable HSC organisations to meet their emergency planning responsibilities. However, all organisations are responsible for maintaining, monitoring and allocating funding from within their own budgets in the first instance. In the event of an emergency, DoH may allocate additional resources and/or direct on redeployment of resources, where appropriate.

6.6 The Department's role extends to supporting the HSC in its planning, preparation and response to all types of emergencies which impact on the health of the population of Northern Ireland.

Department of Health (DoH) – Tactical level - Strategic Performance and Planning Group (SPPG)

6.7 The SPPG is the Group within DoH which has the delegated responsibility for tactical level Emergency Planning. The three core functions of the SPPG are finance; planning (commissioning); and performance management and service improvement. The SPPG and PHA will work together closely in reviewing performance in those areas for which the PHA is the lead organisation (this includes emergency preparedness as part of the PHA health protection function) and any escalation of performance risks in these areas will be jointly agreed by SPPG and PHA.

- 6.8 SPPG will ensure that service and budget agreements (SBAs), with HSC 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.
- 6.9 The SPPG will be supported in its monitoring and performance management role by the PHA and BSO. The SPPG will hold Trusts to account at monitoring meetings (three per annum) at which they will be expected to provide updates and assurance in respect of;
- Emergency Preparedness/Major Incident Plans;
 - Completion of Annual Reports;
 - Compliance with Core Standards;
 - Any other DoH priorities as and when identified in year.

The SPPG will subsequently provide updates to DoH Emergency Planning Branch following these monitoring meetings and in respect of their EP Core Standards. See Appendix A for an overview of the Regional Emergency Preparedness Groups.

- 6.10 Further, the SPPG will;
- in conjunction with the PHA, work in partnership with stakeholders and develop regional, collaborative approaches for horizon scanning and risk assessment for significant regional events, to enable appropriate planning and preparation. Working collaboratively with the PHA, the SPPG will review and agree testing, as appropriate, of any relevant HSC Trust Regional Plan(s);
 - in conjunction with the DoH and PHA, develop a HSC annual accredited training programme based on a training needs analysis.

- take the lead in co-ordinating emergency preparedness for those functions which fall within its remit: specifically, primary care (Family Practitioner Services) and Social Care.

6.11 Where a tactical level emergency response is required, SPPG will lead Health Silver for the functions for which they have responsibility.

Public Health Agency (PHA)

6.12 The four key functions of the PHA are: health and social wellbeing improvement; health protection; public health support to commissioning and policy development; and HSC research and development. The health protection services delivered by the PHA include surveillance, intelligence gathering, risk assessment, scientific and technical advice, access to specialist health protection and public health microbiology services for the HSC, emergency responders, local government and the public during emergencies, at all levels. The PHA has a statutory responsibility for emergency response for health protection¹. This includes responsibility for the development of public health emergency preparedness and response plans and the provision of specialist advice and guidance to Trusts and other HSC and non-HSC organisations as required.

6.13 The PHA will also have responsibility for:

- Supporting SPPG in their role in formal performance monitoring meetings and advising on all matters related to planning for public health incidents. Responding to public health emergencies (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.

¹ Health protection refers to the protection of individuals, groups and populations through expert advice and effective collaboration to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats.

- Provision of an effective public health response to chemical and environmental hazards incidents, which would impact upon the health of the population, including public messaging.
- 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.
- Establishing, coordinating and contributing to a Scientific and Technical Advice Cell (STAC) as and when required.
- Supporting SPPG, as part of performance management process to ensure that Trusts have plans in place for the impact of infectious diseases, CBRN incidents and other health threats.
- Co-ordination of the annual HSC training Budget. This budget is a dedicated, recurring emergency planning budget agreed with DoH which supports the provision of an annual emergency planning training programme for the PHA, SPPG, BSO, and six HSC Trusts.
- Participating in multi-agency emergency preparedness and response, as set out within the Civil Contingencies Framework, as required.
- Providing HSC organisations with public health guidance and advice with respect to emergency preparedness.
- Where a tactical level emergency response is required, PHA will lead Health Silver for the functions for which they have responsibility.

Business Services Organisation (BSO)

6.14 BSO will take a lead operational role within an emergency response if an incident occurs which directly impacts on any service function provided by the BSO; to include but not limited to shared services such as recruitment and payroll, ICT availability (both in and out of hours support), procurement, logistics, distribution of PPE (including oversight of how the emergency stockpile is controlled and managed regionally. This includes demand planning, operational management, stock reviews and replenishment). Where a tactical level emergency response is required which is impacting on HSC Service Delivery, BSO will support SPPG who will lead Health Silver.

- 6.15 The BSO alongside the PHA, will support the Performance Management and Service Improvement Directorate of the SPPG in formal performance monitoring meetings with HSC Trusts.

Health Silver

- 6.16 Jointly SPPG, PHA and BSO make up Health Silver. This tripartite group will jointly lead the tactical coordination of a HSC response when an incident or emergency involves more than one HSC 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 SPPG/PHA/BSO balance of the decision-making team and chair will be dependent on the specifics of the incident. In the case of Level 1, 'significant' emergencies, Health Silver may be stood up without Health Gold.
- 6.17 For those incidents which require a medium to longer term response, SPPG/PHA/BSO will continue to provide support to HSC Trusts and ALBs while maintaining lines of communication between strategic and operational structures.
- 6.18 This tripartite group will contribute fully to the joint SPPG/PHA/BSO annual report on emergency planning activities provided to the Department in an agreed format.
- 6.19 Health Silver will co-ordinate the provision of HSC situation reports (SitReps), as required, to the Department in the agreed format within the timescales requested to facilitate briefing for the Minister, the NI Hub and NI Executive in respect of incident / emergency management.

HSC Trusts

- 6.20 Each Trust is required to have effective Emergency Preparedness Resilience and Response (EPRR) arrangements in place, as appropriate, to deal with

major incidents or any emergency situations; to include planning for recovery. Processes that support the regular review, testing and validation of these plans in accordance with the Core Standards should also be in place.

- 6.21 When an incident is confined to one Trust, that Trust should lead the operational health response, drawing on support from PHA and SPPG as required. As a minimum, the Trust should keep the PHA informed.
- 6.22 During an incident or emergency response, Trusts should provide situation reports (SitReps), as required, to the SPPG/PHA and/or BSO in the agreed format within the timescale requested.
- 6.23 Trusts should comply with the emergency preparedness and response performance management arrangements put in place by SPPG including participation in monitoring meetings and completion of monitoring regular reports three times per year and completion of the Core Standards Framework on an annual basis.

Northern Ireland Fire and Rescue Service (NIFRS)

- 6.24 In addition to the roles and responsibilities relevant to the HSC organisations referenced above, NIFRS is responsible for:
- Ensuring compliance with applicable emergency preparedness guidance by developing comprehensive, robust and flexible emergency preparedness plans to address a range of emergency situations, in line with statutory requirements imposed under The Fire and Rescue Services (Northern Ireland) Order 2006 and The Fire and Rescue Services (Emergencies) Order (Northern Ireland) 2011.
 - Liaison and co-operation with other agencies, emergency services and voluntary organisations to ensure an integrated response to major incidents, in line with the Joint Emergency Services Interoperability Programme (JESIP) Principles for Joint Working: Co-locate,

Communicate, Co-ordinate, Jointly Understand Risk and Shared Situational Awareness.

- Assess compliance against the Fire Sector Professional Standard for Resilience & Preparedness.

7. MONITORING & REPORTING

- 7.1 As with other health protection areas, the SPPG will take the lead role in performance monitoring emergency preparedness related activities, targets and projects within the service. The HSC Trusts will be accountable to SPPG as outlined within paragraph 6.8.
- 7.2 The SPPG and PHA will work closely in reviewing performance in those areas for which the PHA is the lead organisation and any escalation of performance risks will be jointly agreed by the SPPG and PHA.
- 7.3 The PHA and SPPG will report to the Department following the HSC EP Monitoring Meetings.
- 7.4 Through regular meetings with the Department, the PHA, and SPPG will provide assurance to the Department on progress made in emergency preparedness. The Emergency Preparedness Groups that have been established to facilitate monitoring and reporting are outlined at Appendix A.
- 7.5 This will constitute the annual reporting of activities required by the Civil Contingencies Framework.

Department of Health (Northern Ireland)

SEPTEMBER 2022

APPENDIX A ~

Regional Emergency Preparedness Groups (Effective April 2022)

