

EMERGENCY PLANNING STANDARD

The organisation has planned and prepared an organised and practised response to any emergency situation which affects the provision of normal services.

OVERVIEW

The health and social care (HSC) organisations which must comply with Emergency Planning Controls Assurance Standards are the Health and Social Care Board (HSCB), the Public Health Agency (PHA), Business Services Organisation (BSO), HSC Trusts, Northern Ireland Guardian ad Litem Agency (NIGALA) and the Northern Ireland Blood Transfusion Service (NIBTS). The Northern Ireland Fire and Rescue Service may find this Standard useful as a guide to best practice.

The purpose of planning for emergencies in the HSC is to ensure preparedness for an effective response to any emergency and to ensure that organisations fully recover to normal services as quickly as possible. This is essential whether the emergency is a short lived catastrophic incident or an emergency which occurs gradually, a “rising tide” event which will require a proportionate build up in response and may continue for a prolonged period. Communicable disease outbreaks, epidemics and pandemics are all examples of this type of emergency which may be more difficult to identify than those with a clearly defined starting point.

The standard applies to the ability of the organisation to:

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

All HSC organisations should have detailed emergency preparedness plans which are reviewed annually and are part of an annual work programme for testing and validating plans.

All HSC organisations should produce annual emergency preparedness progress reports. Annual progress reports produced by HSC Trusts will be submitted to HSCB/PHA and will help inform the emergency planning monitoring meetings which will be held between the HSC Board/PHA and the Trusts. Other HSC organisations and agencies will submit their annual progress reports to the Department of Health, Social Services and Public Safety (DHSSPS).

All HSC organisations must comply with the three DHSSPS Emergency Powers Directions, as follows:

- No.1 Direction – Department of Health, Social Services and Public Safety (Emergency Powers) Direction (Northern Ireland) 2010 – this Direction maybe cited as the DHSSPS GOLD Emergency Powers direction;
- No.2 Direction – The Emergency Powers (Functions of the Regional Board, the Regional Agency and RBSO) Direction (Northern Ireland) 2010 – this Direction may be cited as the HSC SILVER Emergency Powers Direction 2010; and
- No.3 Direction – The Emergency Powers (Functions of the HSC Trusts and Special Agencies) Direction (Northern Ireland) 2010 – this Direction maybe cited as the HSC BRONZE Emergency Powers direction.

The Emergency Planning Controls Assurance Standards are based around the requirements of the Northern Ireland Civil Contingencies Framework which public service organisations are required to adopt as best practice in emergency preparedness planning.

The overall aim of emergency preparedness planning is to achieve an effective response to an incident, regardless of its cause. Plans should be realistic, robust and sufficiently flexible to deal with a range of situations that are likely to

increase in significance, duration and complexity and which may affect more than one commissioning authority, provider or service.

The planning process should ensure that the HSC has:

- ♦ taken a population and geographical location based approach to situations which may affect and impact upon other commissioners, health and social care providers including the voluntary sector and emergency services including mass casualty incidents;
- ♦ identified internal and external dependencies and stakeholders;
- ♦ collaborated within the HSC and other key stakeholders;
- ♦ communication strategies and procedures in place to deal with any incident within the scope of emergency preparedness and service continuity planning;
- ♦ effective training and testing programmes in place;
- ♦ effective review, audit and monitoring procedures in place;
- ♦ clearly articulated responsibilities of the Chief Executive and the nominated Emergency Planning Officer.

The emergency preparedness plan should:

- ♦ scope the overarching policy and practice underpinning any Emergency Operations Centre (EOC) activation;
- ♦ explain trigger and alert procedures;
- ♦ explain how the EOC will activate and operate to support strategic health and social care decision-making;
- ♦ identify the components and resources that need to be deployed;
- ♦ define roles and responsibilities, with supporting Action Cards and the means of communication and information flow;
- ♦ identify the links which an HSC organisation would make with other organisations;
- ♦ explain the integration of the 'Crisis Management Team' (CMT) with the 'Business Recovery Team' (BRT) for the management of any concurrent (potential or actual) business disruptions during the emergency response; and
- ♦ clarify stand down/hand over arrangements and post-incident actions.

Emergency preparedness plans should be prepared within the framework of integrated emergency management, the underlying aim of which is that flexible plans should be developed which would enable an organisation to deal effectively with any emergency, whether foreseen or unforeseen, on a multi-agency and multi-disciplinary basis.

Emergency preparedness plans should include coordination arrangements which will deliver a comprehensive and seamless service to those involved in the emergency. The plans should take into consideration an event, which may require the activation of business continuity measures in tandem with the emergency response, for example a pandemic or infectious disease outbreak which could have a significant effect on the availability of staff over a prolonged period of time.

The emergency preparedness plan should be integrated into the organisation's normal working practices and structures and in particular the organisation's risk management and business continuity arrangements.

In general, emergencies are not discriminatory in terms of where and when they happen or who they affect. The contingency plans should take account of the statutory obligations arising from section 75 of the Northern Ireland Act 1998, the Human Rights Act 1998 and the Disability Discrimination (NI) Order 2006 and should include facilities in Emergency Support Centres for disabled people, special foods compatible with religious beliefs and printing of advice leaflets in appropriate languages, etc. However, it needs to be recognised that in an emergency situation when time is limited and resources are stretched, it may be necessary for the HSC and the emergency services to prioritise actions and resources which will provide the most benefit for the greatest number of people.

All sections of the emergency planning controls assurance standard have been revised and updated for 2011/2012.

Assessment Guidance

Adherence to this standard will also support HSC organisations in their achievement of criterion 7.3(g) of the HSC Quality Standards ('the organisation has effective and efficient emergency planning processes and co-ordinated response action plans in place, as appropriate, to deal with major incidents or emergency situations and their aftermath. The planning processes and action plans are compliant with Departmental guidance').

HSC organisations vary significantly in size and in the nature of the services they deliver. It follows that not all controls assurance standards will apply to each organisation. This is implicit in the current Departmental guidance, eg. *The Reference Table on Applicability and Expected Levels of Compliance* which should be referred to before commencing the self-assessment exercise. The 2010/2011 guidance can be accessed [here](#)

Even where a standard is generally applicable to the work of an organisation it is quite possible that not all of the criteria will be materially applicable. Before self-assessing against a standard, therefore, an organisation should consider the relevance of each criterion to its own business and conduct its assessment accordingly. Therefore, where a criterion is clearly relevant to an organisation, the score should be based on the **totality of the action taken to address the requirement**. Where there is little or no relevance, the criterion should be considered "not applicable" and ignored for scoring purposes as explained in the guidance on *Reporting Compliance* issued by the Department.

This approach will ensure that the assessment does not have an unfair or detrimental effect on the organisation's overall score but reflects a proper evaluation of the key areas of risks identified and the actual levels of controls put in place to manage those risks.

Likewise, the *Examples of Verification* set out in the standard are just that – examples, for guidance only. Once again, it is the nature of each organisation's business that determines the type of evidence needed to prove that appropriate controls are in place. In effect, this may mean that only some of the examples

listed are relevant to a particular HSC organisation or, indeed, that there are other more relevant examples which can be cited as evidence of compliance. It is also the case that some evidence can be deployed to demonstrate compliance with more than one criterion or standard.

INDEX OF EMERGENCY PLANNING CRITERIA

Criterion 1 Leadership

Management board level responsibility for emergency planning is clearly defined and there are clear lines of accountability throughout the organisation leading to the management board and the Chief Executive. The Chief Executive has overall responsibility for emergency planning and has given authority to a Senior Officer to lead on emergency planning and liaise with the emergency services and all appropriate organisations.

Criterion 2 Risk Assessment

Risk assessments are carried out in a systematic manner, as a basis for prioritising civil contingencies activities and ensuring an effective use of resources.

Criterion 3 Consultation and Co-ordination

Appropriate internal and external stakeholders in the emergency preparedness plan are consulted and collaborated with concerning their roles and responsibilities. Stakeholders comprise the HSC, the emergency services, primary care, voluntary organisations, district councils, utility organisations and organisations providing agency staff for HSC deployment.

Criterion 4 Emergency Preparedness Plan

There is a scalable emergency preparedness plan for the organisation to respond to both internal and external emergency situations.

Criterion 5 Validation, Training and Testing of Emergency Preparedness Plans

Emergency preparedness is validated through the exercising and testing of emergency plans and all appropriate staff receive emergency preparedness

training that is commensurate with their role in the emergency preparedness plan.

Criterion 6 Review of Plans

The emergency preparedness plan is regularly reviewed and updated.

Criterion 7 Communication Strategy

A communications strategy is in place to provide effective communications with patients, staff, the public and with other relevant responding organisations in the event of an emergency situation arising.

Criterion 8 Business Continuity and Recovery

Business continuity management plans aligned to the British Standard BS 25999 are in place that can be activated in response to an emergency and to maintain essential services to a pre-defined level through a business disruption.

Criterion 9 Performance Indicators

Key indicators capable of showing improvements in emergency preparedness and/or providing early warnings of risk are used at all levels of the organisation, including the management board, and the efficiency and usefulness of the indicators are reviewed regularly.

Criterion 10 Independent Assurance

The management board seeks independent assurance that an appropriate and effective system of managing emergency preparedness planning and response is in place and that the necessary levels of controls and monitoring are being implemented.

Criterion 1

Leadership

Management board level responsibility for emergency planning is clearly defined and there are clear lines of accountability throughout the organisation leading to the management board and the Chief Executive. The Chief Executive has overall responsibility for emergency planning and has given authority to a Senior Officer to lead on emergency planning and liaise with the emergency services and all appropriate organisations.

Guidance

The key requirements are that each organisation should demonstrate that the Chief Executive accepts overall responsibility for ensuring that the organisation has reviewed its state of preparedness and taken forward improvements in emergency preparedness planning in accordance with Circular HSS (MD) 5/2003 issued 10 February 2003.

The basic principles of civil contingencies responsibilities of Northern Ireland public services organisations are set out in the Northern Ireland Civil Contingencies Framework 2005, with detailed good practice guidance contained in various other additional documents (see index of relevant documents). Public Service organisations in Northern Ireland should adhere to relevant guidance when undertaking civil contingencies activities. Where circumstances require a departure from recommended good practice, the reasons for doing so should be clearly documented and agreed at senior level.

Emergency Planning roles and responsibilities of HSC organisations and the Department are defined in Policy Circular HSC (PHD) 01/2010 issued on 8 April 2010.

The Chief Executive of each HSC organisation needs to be assured that the following are in place within their organisation:

- a clear statement of emergency preparedness policy and strategic objectives is included in the organisation's corporate business plan;
- emergency planning responsibilities written into job descriptions and personal objectives at all relevant levels within the organisation;
- allocated appropriate levels of resources in response to risk assessments, the vulnerabilities of the organisation, its civil contingencies responsibilities and its agreed work programme;
- emergency preparedness obligations have been reflected as appropriate in the organisation's corporate risk register;
- those with responsibility for and involvement in emergency preparedness planning have access to, are familiar with, and follow, relevant guidance;
- a robust and scalable emergency preparedness plan that conforms with DHSSPS and OFMDFM guidance and has been endorsed by the management board;
- a corporate business continuity management plan, based on the principle that the organisation should be able to maintain its critical services, to a pre-defined level, for a period of seven days. The plan should be maintained and reviewed to ensure continuous operational delivery of health and social care services when faced with a range of disruptive challenges e.g. energy shortages, water and food restrictions, staff shortages, strike action, flooding, pandemics and outbreaks of infectious diseases, etc.;
- progress reports (constituting a summary of activity on an annual basis) on the level of emergency preparedness are developed.

Examples of Verification

Emergency preparedness plans

Corporate business continuity management plan, aligned to the British Standard (BS 25999)

Annual emergency preparedness progress reports

Notes of HSCB/PHA performance monitoring meetings

Exercise debrief reports

Key roles and responsibilities written into emergency planning documents, service agreements and Memoranda of Understanding (MOUs)

Emergency Planning job descriptions

Use of Self Assessment Tools

Assurance Framework in place

Links with other standards

All standards (generic criterion)

Criterion 2

Risk Assessment

Risk assessments are carried out in a systematic manner, as a basis for prioritising civil contingencies activities and ensuring an effective use of resources.

Guidance

Most organisations are aware, through experience of previous emergencies or a review of their processes and operating environments, of a broad range of hazards and threats they face. However, organisations should be aware that these can change, in nature, source and size. Some changes may arise from internal sources, such as new procedures, properties or operations. Others may come from outside, due to changes in the local, national and international environment in which organisations deliver their functions.

All HSC organisations shall carry out an assessment of the risks they face for the geographical area for which they are responsible. In doing so the organisation should take note of the principles set out in Chapter 5 of the Northern Ireland Civil Contingencies Framework.

Organisations should ensure when carrying out a risk assessment that:

- the risk assessment considers not only those threats and hazards for which the organisation has lead responsibility, but also those where the organisation would make a significant contribution to the response, or would support the lead organisation;
- when appropriate, they work with other organisations that have an interest in a particular hazard or have information about the likelihood or impact of a hazard or threat, to produce an agreed risk assessment which they will all use;
- they participate and provide relevant information when approached about contributing to a risk assessment by a relevant partner organisation, unless there is some over-riding reason for not doing so;

- they co-operate with the Police Service for Northern Ireland (PSNI) and Maritime and Coastguard Agency (MCA) as those organisations discharge their statutory duties under the Civil Contingencies Act (CCA) 2004 to carry out risk assessments.

Examples of Verification

Annual emergency preparedness progress reports

Notes of HSCB/PHA performance monitoring meetings

Records of risk assessment process

Risk Register

Records of collaboration with partner organisations, where appropriate

Links with other standards

Risk Management

Criterion 3

Consultation and Co-Ordination

Appropriate internal and external stakeholders identified in the emergency preparedness plan are consulted and collaborated with concerning their roles and responsibilities. Stakeholders comprise HSC organisations, the emergency services, primary care, voluntary organisations, district councils, and utility companies and organisations providing agency staff for HSC deployment.

Guidance

Emergency situations infrequently affect health and social care organisations in isolation. Therefore, in the emergency planning process, it is critical to adopt a multi-agency approach, involving all potential internal and external stakeholders.

In developing plans HSC organisations should participate proactively with local stakeholders, to ensure that plans are sustainable in the event of an emergency. HSC Trusts should include local independent sector providers such as private hospitals and nursing and residential care homes in their planning and exercising arrangements. There should also be engagement with the voluntary sector to establish what their role would be in an emergency. Organisations may also wish to consider benchmarking plans against those of similar organisations in order to provide a measure of assessment of preparedness for emergency.

HSC organisations should work with other relevant stakeholders to contribute to the development of arrangements for handling mass fatalities that are sensitive to religious and cultural beliefs.

Emergency preparedness planning should include planning for differing types of events, including a “rising tide” event like a pandemic which requires a proportionate build up in response and could have a significant effect on

availability of staff over a prolonged period of time. HSC organisations should consider reaching agreement on mutual aid arrangements with other local/regional health and social care providers including primary care, bearing in mind that during a pandemic or other emergency all organisations may face similar challenges at the same time.

When developing emergency preparedness plans, HSC organisations should ensure that the plan contains effective arrangements for:

- accessing mutual aid;
- operating at a CBRN incident on a multi-agency basis with NIFRS, Regional Medical Physics Service and NIAS and accessing stocks of antidotes/vaccines/Pods;
- accessing military resources and expert advice through PSNI, when this resource is available;
- the immediate notification of and/or confirmation with NIAS, PSNI and NIFRS controls including the identification of specific hazards;
- Trust liaison with the police documentation team;
- alerting the NIBTS;
- includes local contact details of utility companies and other firms who may need to support the HSC during an emergency or where an area of work would impact on HSC services if their business was disrupted.

In considering the effectiveness of an HSC organisation's collaboration with other relevant organisations, consideration should be given to:

- the extent to which the plan has been developed in collaboration with other stakeholders;
- the integration of the organisation's role with that of other organisations;
- ensuring that supporting policies and plans are referenced;

- conducting a wider consultation exercise, so as to identify any unexpected stakeholders and take account of 'knock on' effects that may not be immediately identifiable; and
- participation in inter-agency forums to explore matters of mutual interest.

Examples of Verification

HSC representation on multi-agency emergency preparedness planning groups

Internal emergency preparedness planning groups

Annual emergency preparedness progress reports

Notes of HSCB/PHA performance monitoring meetings

Links with other standards

Risk Management

Human Resources

Criterion 4

Emergency Preparedness Plan

There is a scalable emergency preparedness plan for the organisation to respond to both internal and external emergency situations.

Guidance

In developing or reviewing emergency preparedness plans, particular attention should be paid to Policy Circular HSC (PHD) 01/2010. This sets out the roles and responsibilities of the various post-RPA HSC organisations.

Each HSC organisation should demonstrate that there is a written plan in place to respond to both internal and external emergency situations and ensure that the plan:

- contains a risk assessment of potential threats or hazards that might cause an emergency situation to arise;
- identifies a person responsible for ensuring the plan is updated, reviewed and distributed on a regular basis;
- defines what constitutes an emergency for the organisation;
- is flexible, scalable and is capable of dealing with differing types and levels of emergency situations and of different durations;
- identifies the organisation's key roles and responsibilities;
- identifies key stakeholder organisations and incorporates a multi-agency, collaborative approach to emergency planning;
- identifies the key staff who are trained to deliver their responsibilities;
- contains action cards/lists to support key staff in meeting their responsibilities;
- clearly delineates business continuity measures in an emergency situation;
- includes a comprehensive communication strategy for use in an emergency situation;

- includes contact details for the relevant external stakeholders working in the locality;
- explains the command and control and reporting arrangements during an emergency;
- contains alerting and callout procedures on a 24 hour basis;
- includes a system for recording the decisions taken in order to avoid confusion and ensure consistency at a time of significant disruption;
- details how the organisation's role integrates with that of other stakeholders;
- has supporting policies and plans referenced;
- contains arrangements for accessing mutual aid;
- includes arrangements for the transfer of patients or services to other hospitals;
- details the arrangements for communications including the use of radios during an emergency;
- details the communications arrangements within the incident site, and between sites for HSC organisations, NIAS, NIFRS and PSNI staff involved; and
- identifies back up arrangements in the event of a major systems failure at NIAS/NIFRS controls.

The emergency preparedness plans of HSC organisations should include details as to how it will:

- place the organisation on alert status;
- implement the emergency preparedness plan;
- evaluate scale of incident, alert other key health and social care/emergency response organisations, escalate and maintain incident response, provide and receive mutual aid;
- deal with enquiries from the public, members of staff and the media;
- evaluate continuation of other essential core business during the response to the emergency;
- communicate and work with other stakeholders throughout the incident or emergency situation;

- decant and/or receive patients, clients or services to or from other organisations as part of an agreed emergency response;
- provide essential supplies with documented procedures for procuring additional/alternative supplies;
- provide staff who are trained, understand their roles and responsibilities and have appropriate equipment and clothing, including Personal Protective Equipment (PPE) and are trained in use of the equipment; and
- robustly manage stockpile processes for emergency planning and pandemic flu purposes in accordance with Trusts, finance management and audit requirements.

Examples of Verification

HSC representation on multi-agency emergency preparedness planning groups

Organisation's emergency preparedness plans

Correspondence concerning review and update of plan

Annual emergency preparedness progress reports

Learning and development plans

Accurate and accessible records of stock

Links with other standards

Risk Management

Governance

Human Resources

Finance Management

Medical Devices & Equipment

Criterion 5

Validation, Training and Testing of Emergency Preparedness Plans

Emergency preparedness is validated through the exercising and testing of emergency plans and all appropriate staff receive emergency preparedness training that is commensurate with their role in the emergency preparedness plan.

Guidance

Policy Circular HSC (PHD) 01/2010 reaffirms the need, for plans to be developed and be reviewed annually as part of an annual work programme for testing and validating, in order to ensure an effective response to any emergency situation.

Validation can be achieved in a number of ways, the most common of which is through exercise or a programme of exercises. The participation of senior staff in exercises is particularly important to demonstrate their commitment to, and the importance of, civil contingency activities. Lessons learned from exercises should be captured by post-exercise debrief.

Almost all staff could be involved in responding to an emergency. All staff should, therefore, have appropriate knowledge of the emergency preparedness plan commensurate with their roles and responsibilities; how that fits with the role of other individuals; and how management and co-ordination mechanisms will work. In many cases, staff will have a response role which is related to their everyday work and they will adapt easily to the different circumstances of an emergency. However, participation in exercises also gives staff who would undertake the response in a real emergency the opportunity to experience some of the stresses likely to be involved in doing so.

There will be some tasks, such as log keeping, emergency management or coordination activities, which do not have a direct everyday equivalent. It is important therefore, that staff have adequate training for the roles assigned to them in emergency response plans, especially where they have to perform functions which are different from their everyday ones.

In addition, all staff in an organisation should be aware of the role of the organisation in an emergency and of the existence and outline of the generic plan and any relevant specific plan.

Whenever possible, exercises should be carried out on a multi-agency basis, so as to test the interfaces between organisations and ensure that arrangements mesh seamlessly. When a multi-agency exercise has been held, there should also be a multi-agency debrief in addition to any internal organisational debrief.

In the validation and testing of emergency preparedness plans and the training of relevant staff, HSC organisations should consider:

- Is frequency of exercises provided for within the emergency preparedness plan?
- Does this programme involve exercising preparedness with other relevant local organisations?
- Does the plan detail debrief arrangements?
- Is there a process in place for revising the emergency preparedness plan in light of lessons learned from exercises?
- Is there a programme of training included in the emergency preparedness or corporate plans? Is it reviewed annually as part of a work programme for testing and validating plans?
- Are the training needs of individuals and groups in respect of emergency preparedness regularly reviewed, updated and addressed?
- Are staff familiar with use of specialist facilities and equipment?
- Have all relevant staff members been fit tested for PPE masks and trained in their use?

Examples of Verification

Exercise debrief reports and log books

Annual emergency preparedness progress reports

Notes of HSCB/PHA performance monitoring meetings

Programme of training and frequency of exercising the plan

Personal training records

Induction training records

Links with other standards

Human Resources

Risk Management

Governance

Criterion 6

Review of Plans

The emergency preparedness plan is regularly reviewed and updated.

Guidance

It is the responsibility of the Chief Executive and the management board of HSC organisations to monitor and review all aspects of the system for emergency planning, including:

- Accountability arrangements
- Processes, including risk management arrangements
- Capability
- Outcomes
- Internal audit findings

HSC emergency preparedness plans should be fully reviewed on an **annual** basis, or more frequently, where there are service changes or lessons learned from the activation or exercising of the plan. This will ensure that the arrangements are still valid, that training for incidents and emergencies is still appropriate, that improvements to the plan are made as appropriate and that there is full commitment to the plan.

The review process should address and validate all elements and organisations that form part of the plan.

The plan should identify the person responsible for ensuring the plan is updated, reviewed and distributed on a regular basis.

An emergency planning committee or group may exist to carry out detailed reviews. The Risk Management Committee may play a significant role in monitoring and reviewing all aspects of the system as a basis for establishing

significant information that should be presented to, and dealt with by the management board.

The Audit Committee should review internal audit findings.

Examples of Verification

Annual emergency preparedness progress reports
Notes of HSCB/PHA performance monitoring meetings
Records of review and/or revision of plans
Independent audit of emergency preparedness plans
Internal audit reports

Links with other standards

Risk Management
Governance
Finance

Criterion 7

Communication Strategy

A communications strategy is in place to provide effective communications with patients, staff, the public and with other relevant responding organisations in the event of an emergency situation arising.

Guidance

In accordance with Chapter 12 of the Civil Contingencies Framework 2005, all public service organisations in Northern Ireland shall have a strategy for proactively providing relevant information on identified risks. The strategy should include the steps taken by the organisation to address those risks, steps the public can take in respect of those risks and the organisation's civil contingency arrangements. This is consistent with the principle that as far as possible an organisation should make relevant information available to the public through its publication scheme. It is not necessary to publish an organisation's full risk assessment or emergency preparedness plans.

General information on civil contingencies issues is useful in preparing for emergencies and indicating in general terms what response would be made in certain emergencies. However, when a particular emergency is imminent or has occurred, people want precise information on the detail of that emergency and its potential impact.

The communications strategy for HSC organisations should consider or include as appropriate:

- identified senior personnel within the organisation who will deliver key messages if required;
- co-ordination with other organisations or agencies responding to an emergency situation for communication of information to the public. The lead organisation for the emergency response will also take the lead in co-ordinating information to the public and media so as to prevent confusion and provide clear guidance to the public;

- clear lines of accountability for the provision of key information required in an emergency situation;
- processes in place for provision of information likely to be required by PHA or Department to inform briefing for Minister, the NI Assembly; or input to Northern Ireland Central Crisis Management arrangements (NICCMA) if activated;
- details of the arrangements for communications including the use of radios during an emergency;
- details of the communications arrangements within the incident site, and between sites for HSC, NIAS, NIFRS and PSNI staff involved;
- back up arrangements in the event of a major systems failure at NIAS/ NIFRS controls;
- clear communications if Hospital Lockdown is activated and patients and public are diverted to other HSC facilities;
- clear processes for communicating the need for evacuating HSC premises, should that become necessary for both patients and staff. This will include key information on:
 - who is to be evacuated, when and why;
 - how the evacuation is to be carried out; and
 - where patients will be evacuated to.

Examples of Verification

Communication strategy

Crisis Communications Plan

Evacuation plans

Hospital Lockdown plans

Links with other standards

All standards (generic criterion)

Criterion 8

Business Continuity and Recovery

Business continuity measures, aligned to the British Standard (BS 25999), are in place that can be activated in response to an emergency and to maintain essential services to a pre-defined level through a business disruption.

Guidance

Good corporate governance practice requires all HSC organisations to have arrangements in place which will enable them to continue to deliver their services during periods of business disruption. This disruption may be internal to the organisation, for example the loss of a key building because of fire, the loss of IT services or a staffing crisis. Or it may be external, for example the loss of power supplies or prolonged disruption to transport networks or fuel supplies.

The British Standard on Business Continuity Management (BCM), BS 25999, defines BCM as ‘a holistic management process that identifies potential threats to an organisation and the impacts to operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.’

BCM is, therefore, a process that helps manage risks to the smooth running of an organisation or delivery of a service, ensuring continuity of critical functions to a pre-defined level in the event of a disruption, and effective recovery afterwards. It forms a vital part of good corporate governance and risk management processes as outlined in the Northern Ireland Civil Contingencies Framework.

Business continuity management measures must therefore be part of every HSC organisation’s core business, not just an adjunct to it.

Some elements of BCM will overlap with emergency preparedness arrangements which aim to prevent emergencies occurring, where possible, and when they do occur, to reduce, control or mitigate the effects of the emergency in the management of its impact.

Whilst it is linked to emergency preparedness planning, business continuity measures enable an organisation to anticipate, prepare for, prevent, respond to and recover from disruptions, to a pre-defined level, **whatever their source and whatever aspect of the business they affect.**

In developing a business continuity management plan HSC organisations should ensure that:

- it is clear that business continuity measures are a management board level responsibility;
- it is clear who has responsibility within the organisation to ensure business continuity management measures are implemented and this is reflected in job descriptions, as appropriate;
- there is clear understanding of all key supply chains – utility companies, consumables, pharmaceuticals, etc.;
- training is developed and delivered across the organisation, as appropriate;
- the business continuity management plan is monitored, exercised, and reviewed on a regular basis;
- business dependencies should be mapped and business critical dependencies identified to enable HSC organisations to engage with critical suppliers to ensure that they also have adequate and validated business continuity arrangements. Business continuity requirements may be written in to contracts or service level agreements with suppliers;
- the plan is developed on the principle that the organisation should be able to maintain critical services for a period of seven days.

Examples of Verification

Business Continuity and Recovery Plan or suite of plans

Annual emergency preparedness progress reports

Notes of HSCB/PHA performance monitoring meetings

Internal audit reports

Links with other standards

Risk Management

Governance

Financial Management

Human Resources

Criterion 9

Performance Indicators

Key indicators capable of showing improvements in emergency preparedness and/or providing early warnings of risk are used at all levels of the organisation, including the management board, and the efficiency and usefulness of the indicators are reviewed regularly.

Guidance

The organisation should develop indicators that demonstrate the risks associated with resilience of the system in place for emergency preparedness. One indicator is degree of compliance with this standard. Ideally the indicators should be designed to demonstrate improvement in the performance of the system over time.

The number of indicators devised should be sufficient to monitor the system. It is not necessarily the case that all the indicators will be used by the management board. The management board should select those which are useful for ensuring that the internal controls are working satisfactorily and that the system in place is meeting its objectives.

Examples of Verification

Indicators

Evidence of usage at all levels

Links with other standards

Audit of Emergency Planning Controls Assurance Standards

RQIA report

Links with other standards

All standards (generic criterion)

Criterion 10

Independent Assurance

The management board seeks independent assurance that an appropriate and effective system of managing emergency preparedness and response is in place, and that the necessary levels of controls and monitoring are being implemented.

Guidance

Management should ensure that all emergency preparedness and response requirements of the Department are met.

The HSCB, supported by the PHA, has responsibility for monitoring emergency planning preparedness of Trusts and will give assurance to the Department on the state of this preparedness.

DHSSPS must be satisfied that emergency preparedness and response planning across all HSC organisations is such that assurances on preparedness can be given to Minister and the NI Assembly.

The Regulation and Quality Improvement Authority (RQIA) may inspect emergency preparedness and response plans in response to the requirements of criterion 7.3(g) of the HSC Quality Standards.

Examples of Verification

Schedule of planned reviews

Annual emergency preparedness progress reports

RQIA reports, where available

Notes of HSCB/PHA performance monitoring meetings

Action plans/notes of follow-up action, where applicable

Links with other standards

All standards (generic criterion)

INDEX

Links to guidance documents referred to in the index below have been provided, where possible, for ease of reference. DHSSPS is not responsible for the maintenance of these links and cannot guarantee that they will always be available as guidance is often revised or replaced.

	KEY GUIDANCE AND SOURCE DOCUMENTS (for guidance NOT to be used to score – background only)	Date	Criterion Number
1	A Guide to Plan Preparation. Available here	March 2002	1 & 4
2	A Guide to Evacuation in Northern Ireland. Available here	April 2002	1, 3 & 4
3	A Guide to Emergency Planning Arrangements in Northern Ireland. Available here	July 2004	1, 3 & 4
4	The Northern Ireland Civil Contingencies Framework 2005. Available here	December 2005	All
5	Cabinet Office - Risk Register. Available here	2010	All
6	Cabinet Office – The Central Government’s Concept of Operations. Available here	March 2010	All
7	The United Kingdom’s Chemical, Biological, Radiological and Nuclear (CBRN) Terrorism. Available here	March 2010	All
8	Circular HSC (PHD) 01/2010 – Emergency Preparedness for Health and Social Care Organisations. Available here	8 April 2010	All
9	DHSSPS Emergency Planning Powers Directions 2010. Available here	03 August 2010	All
10	Circular HSC (PHD) 02/2010 – Emergency Planning Branch On-Call Arrangements. Available here	13 October 2010	All
11	Strategic National Guidance on the decontamination of buildings, infrastructure and open environment exposed to chemical, biological, radiological or nuclear materials. Available here	January 2011	All
12	Cabinet Office - HMG Security Policy Framework. Available here	February 2011	8

13	Hospital Lockdown Guidance for Health and Social Care Trusts – Available here	1 April 2011	All
14	Northern Ireland Critical Crisis Management Arrangements (NICCMA). These can be accessed at Annex k within The Guide to Emergency Planning Arrangements in Northern Ireland. Available here	2011	All
15	Pandemic Influenza Planning and Preparedness Guidance ¹ . Available here		All

¹ Information and guidance on pandemic flu planning and preparedness is currently under review and will be revised in the coming months to reflect the lessons learned from the overview of the NI health response to swine flu, and also the wider review of the UK swine flu response

	SUPPLEMENTARY GUIDANCE DOCUMENTS	Date	Criterion Number
1	DAO (DFP) 5/2001 – Corporate Governance: Statement of Internal Control. Available here	5 April 2001	1, 6, 9 & 10
2	Northern Ireland Standards in Civil Protection. Available here	April 2001	1, 4 & 5
3	HSS (PPM) 3/2002 – Corporate Governance: Statement of Internal Control. Available here	21 June 2002	1, 6, 9 & 10
4	HSS (PPM) 8/2002 – Risk Management in the HPSS. Available here	11 October 2002	2
5	HSS (PPM) 13/2002 – Governance in the HPSS – Risk Management. Available here	6 December 2002	2
6	HSS (PPM) 10/2002 – Governance in the HPSS – Clinical and Social Care Governance: Guidelines for Implementation. Available here	13 January 2003	10
7	Circular HSS (MD) 5/2003 – Emergency Planning. Available here	10 February 2003	All
8	HSS (PPM) 5/2003 – Governance in the HPSS – Risk Management and Controls Assurance. Available here	11 April 2003	2
9	DAO (DFP) 25/2003 – Statement of Internal Control. Available here	30 July 2003	1, 6, 9 & 10
10	Dealing with Disasters Revised Third Edition – Cabinet Office. Available here	August 2003	1 & 4
11	HSS (PPM) 8/2004 Governance in the HPSS: Controls Assurance Standards – Update. Available here	5 August 2004	All
12	The NHS Emergency Planning Guidance 2005. Available here	13 October 2005	1, 3 & 4
13	The Quality Standards for Health and Social Care. Available here	March 2006	All
14	NHS Resilience and Business Continuity Management Guidance. Available here	June 2008	8
15	Role of the DHSSPS as a Lead government Department (LGD). Available here	February 2009	All

16	An Assurance Framework: a Practical Guide for Boards of DHSSPS Arm's Length Bodies and covering letter from Permanent Secretary <ul style="list-style-type: none"> ◆Guide available here ◆Letter available here 	March 2009 1 April 2009	All
17	A Guide to Risk assessment in Northern Ireland. Available here	January 2010	2
18	DHSSPS Emergency Response Plan 2010. Available here	May 2011	2, 3, 4, 5, 6, 8 & 9

RELATED WEBSITES:

DHSSPS: [webpage](#)
EXTRANET: [webpage](#)
OFMDFM: [webpage](#)
Department of Health: [webpage](#)
Cabinet Office: [webpage](#)
British Continuity Institute: [webpage](#)