

## Pandemic Management - Governance Arrangements - Escalation of Health System Response

**Document Number** GL2009\_011

**Publication date** 29-Jun-2009

**Functional Sub group** Corporate Administration - Governance  
Population Health - Disaster management  
Population Health - Infection Control

**Summary** Provides guidance for establishing governance arrangements where a pandemic is at a stage where it can no longer be managed principally as a public health response, but does not warrant the activation of the controlling arrangements prescribed by the NSW HEALTHPLAN.

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Public Health Units, Public Hospitals

**Audience** All staff

**Distributed to** Public Health System, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals

**Review date** 29-Jun-2014

**Policy Manual** Patient Matters

**File No.** 09/3872

**Status** Active

## PANDEMIC MANAGEMENT – GOVERNANCE ARRANGEMENTS TO MANAGE ESCALATION OF A NSW HEALTH SYSTEM RESPONSE

### PURPOSE

The NSW HEALTHPLAN (PD2009\_008) sets out the governance of a whole of health response to a statewide health emergency. The HEALTHPLAN may be activated where an influenza pandemic escalates to a stage where it cannot be managed principally as a public health issue and the central *control* of operational resources is required to manage the response.

The governance arrangements set out in the attached guideline have been developed to guide the coordination of operational activities and preparations where a pandemic is at a stage where it can no longer be managed principally as a public health response, but does not warrant the activation of the *controlling* arrangements prescribed by the NSW HEALTHPLAN. The arrangements recommended within the guideline provide a state-wide framework for coordinating the management and planning for any given pandemic and are based on the assumption that Health Services remain responsible for the allocation and management of operational resources and the delivery of day to day health services.

### KEY PRINCIPLES

Where;

- a) The incidence of a pandemic (such as a human influenza) is such that it can no longer be managed principally as a public health response; and,
- b) the impact of the pandemic is not yet beyond the operating capacity of the NSW Health system and/or other related government agencies,

The Director-General may determine that the following governance arrangements be established:

#### ***State incident controller***

The Director-General of the NSW Department of Health will either assume the role of the State Incident Controller (SIC) or appoint an appropriate person to the role. The SIC shall have the final authority on the development of policy, operational plans and strategies for management of the pandemic.

#### ***State Incident Control Management Group***

A State Incident Control Management Group (SICMG), chaired by the SIC will act as the principal NSW Health governance committee providing advice and support to the SIC and the Director-General until the NSW HEALTHPLAN is activated.

The recommended role and membership of the SICMG is set out at section 1.4 of the attached guideline.

### **Coordination groups**

The Director-General should appoint appropriate officers to lead the following three coordination groups:

- **Operations coordination group** – responsible for overseeing the capacity of existing operations, assessing the capability of existing pandemic plans and strategies and ensuring the operational preparedness for a potential activation of the NSW HEALTHPLAN.
- **Public Health coordination group** – responsible for ongoing public health response including pathology and environmental laboratories, technical and clinical management of public health issues, surveillance and maintaining core public health services.
- **Communications coordination group** – responsible for oversight of communications between the government, government agencies and the public, on the status and activities being undertaken to manage the pandemic.

## **USE OF THE GUIDELINE**

The implementation of the governance arrangements recommended in the attached guideline will be subject to the discretion of the Director-General, NSW Department of Health.

The recommended roles and accountabilities of the State Incident Controller and Coordination groups under these governance arrangements are detailed in the attached guideline.

## **REVISION HISTORY**

| <b>Version</b> | <b>Approved by</b> | <b>Amendment notes</b>                                   |
|----------------|--------------------|--|
| June-2009      | Director-General   | Issued to provide guidance to the management of H1N1v 09 |

## **ASSOCIATED DOCUMENTS**

Pandemic management – Governance arrangements to manage escalation of a NSW health system response

**Pandemic management – Governance arrangements to  
manage escalation of a NSW health system response**

**NSW HEALTH**  
GUIDELINE

**Issue date:** June-2009

GL2009\_011

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## **1 GOVERNANCE ARRANGEMENTS**

### **1.1 Background**

In the NSW Health Interim Influenza Action Plan, when a pandemic escalates to a point where the response can no longer be managed principally as a public health response, the NSW HEALTHPLAN is activated and the State HSFAC (State Health Service Functional Area Coordinator) assumes control of the emergency. Following activation of the HEALTHPLAN, all NSW Health and other health service resources, including personnel, become available to the State HSFAC for the purposes of the executing the plan.

The activation of HEALTHPLAN is considered premature where the escalation of the pandemic is not yet beyond the operating capacity of the NSW Health system and/or other related government agencies. This guideline addresses this situation.

To assist a potential transition to HEALTHPLAN, the committee structure, coordination groups, and arrangements for communication across government described under the governance arrangements in this document align as closely as practical with those identified in HEALTHPLAN.

### **1.2 Activation of ‘escalation’ governance arrangements**

The ‘escalation’ governance arrangements outlined in sections 1.3 to 1.5 should be applied when:

- a) the incidence of a pandemic (such as a human influenza) is such that it can no longer be managed principally as a public health response; and,
- b) the impact of the pandemic is not yet beyond the operating capacity of the NSW Health system and/or other related government agencies.

Where the impact of a pandemic exceeds the operating capacity of the NSW Health system and/or of other related government agencies, the NSW HEALTHPLAN should be activated and governance arrangements specified within that plan established.

### **1.3 State Incident Controller**

Where the two part criteria set out at section 1.2 are satisfied, rather than State HSFAC assuming control per the HEALTHPLAN, the Director-General of the NSW Department of Health will either assume responsibilities of the State Incident Controller (SIC) or appoint an appropriate person to assume the role. The Director-General may also wish to appoint an appropriate deputy, to assist the SIC.

The SIC will be the final authority on the development and endorsement of policy, operational plans and strategies for NSW Health to respond to the pandemic.

Under the ‘escalation’ governance arrangements Chief Executives of Health Services remain responsible for the operation of relevant Health Service plans and strategies and for the provision of day to day health services.

## **1.4 State incident control management group**

The Director-General should also establish a State Incident Control Management Group to act as the principal NSW Health governance committee providing advice and support to the State Incident Controller until the NSW HEALTHPLAN is activated.

Membership of the State Incident Control Management Group (SICMG) is recommended to comprise:

- The SIC (as Chair)
- Chief Health Officer and Deputy Director-General Population Health,
- Deputy Director-General, Health System Quality, Performance and Innovation,
- Deputy Director-General, Strategic Development,
- Deputy Director-General, Health System Support,
- Chief Executive of the NSW Ambulance Service,
- Two Area Health Service Chief Executive,
- State Health Services Functional Area Coordinator (State HSFAC)
- Director Executive and Ministerial Services, and,
- Any other members that the Chair considers necessary for the management of the pandemic.

The SICMG should meet as required.

Secretariat support will be provided to the SICMG and coordinators by the Counter Disaster Unit (CDU) of the Ambulance Service of NSW.

### **1.4.1 Secretariat Role of the CDU**

The secretariat support function provided by the CDU may include the following functions:

- Maintaining minutes and records of meetings for the SICMG and the three coordination groups referred to in section 1.5 of this guideline
- Ensuring there are systems in place to formally communicate decisions made by the coordination groups to those responsible for actioning the decisions
- Maintaining an up to date central record (available to the SICMG and the Coordinator of each of the coordination groups) of decisions\actions and the progress made in implementing these decisions\actions.

## **1.5 Coordination groups**

The Director-General shall appoint three coordinators, responsible for establishing the following three coordination groups, to ensure existing policies, plans and strategies are sufficient to address the particular needs associated with the management of the pandemic:

- Operations coordination group
- Public Health coordination group
- Communications coordination group

The coordinators shall report the progress of each of the coordination groups to the SICMG.

Recommended senior officers to coordinate each group and the recommended functions of groups are provided in the following sections.

To avoid duplication of advice, requests and activity it is essential relevant information is communicated across the three coordination groups. The functions ascribed to the CDU in section 1.4.1 will assist however Coordinators are also responsible for initiating regular exchanges of information or discussion with their counterparts.

## **2 OPERATIONS COORDINATION GROUP**

### **2.1 Operations coordinator**

The Deputy Director-General, Health System Quality, Performance and Innovation (HSPQI) is recommended for appointment as the Operations Coordinator.

### **2.2 Membership of the operations coordination group**

The Operations Coordinator will chair the Operations Coordination Group.

The Operations Coordinator shall invite representatives of the following areas to be represented on the operations coordination group:

- relevant NSW Department of Health Branches;
- the Ambulance Service of NSW; and,
- Area Health Services (Health Services may wish to be represented on this group by their HSFACS and/or, given the operational issues, their Director of Clinical Operations.)

### **2.3 Functions of the Operations coordination Group**

The operations coordination group is responsible for ensuring medical, ambulance & mental health operations are responding appropriately to the needs of the pandemic as well as maintaining appropriate levels of core business service for the people of NSW.

The operations coordination group members shall advise the operations coordinator on the appropriateness of existing pandemic plans in meeting actual and projected incidence of the pandemic and for coordinating operational strategies\planning across NSW Health in preparation for any escalation of the pandemic response.

The Operations Coordination Group will focus on the existing pandemic plans to ensure they are appropriate to enable a staged response across the following areas:

- emergency department operation
- inpatient bed surge\discharge planning
- ambulance response and transport
- critical care planning
- workforce contingency planning
- workforce OH&S
- establishment of specialist clinics
- support of residential aged care
- interaction with private healthcare providers
- Health Service performance

Where existing policy, operational plans and strategies require amendment they shall be reviewed by the Operations Coordination Group and referred to the SICMG and SIC for endorsement.

The Operations Group is to **coordinate** the activities set out above. Relevant Department of Health Divisions and Branches or Health Services will remain responsible for undertaking the work required to update operational plans. Representatives on the Operations Coordination Group must also ensure they continue to inform and obtain any necessary approvals or support from their respective Deputy Directors-General or Chief Executives for activities undertaken or resources committed. Health Service Chief Executives remain responsible for putting plans and strategies into operation and for providing day to day health services.

### **2.3.1 Logistics**

The Operations Coordination Group shall also monitor and make recommendations to the State Incident Controller and the State Incident Management Group about the need to establish a logistics group in the 'escalation' governance phase. A logistic group may be established if required to assist with the following types of functions:

- continuity of supplies (including the movement of the stockpile or medical equipment)
- transport of staff, patients or other resources (above normal patient transport requirements)
- the coordination of requests for welfare support

## **3 PUBLIC HEALTH COORDINATION GROUP**

### **3.1 Public Health Coordinator**

The Chief Health Officer is recommended for appointment as the Public Health Coordinator.

### **3.2 Membership of the public health coordination group**

The Public Health Coordinator will chair the Public Health Coordination Group.

The Public Health Coordinator shall invite representatives of the following areas to be represented on the operations coordination group:

- Health Service Directors of Public Health (or another public health or health service executive position nominated by the Health Service)
- Public Health officers representing the Department of Health
- Other relevant Departmental staff (as determined by the Public Health Co-ordinator)

### **3.3 Functions of the public health coordination group**

The group is responsible for overall planning and coordination of the public health response including:

- pathology and environmental laboratories
- control of any national or state stockpile
- provision of public health advice and policy including the technical and clinical management of a public health issue
- surveillance
- provision of core public health services.

## **4 COMMUNICATIONS COORDINATION GROUP**

### **4.1 Communications coordinator**

The Director, Executive and Ministerial Services is recommended to assume responsibilities of the Communications Coordinator and lead the Communications Coordination Group.

### **4.2 Membership of the communications coordination group**

The Communications Coordinator will chair the communications coordination Group.

The communications coordinator shall invite representatives of the following areas to be represented on the communications coordination group:

- Corporate Governance and Risk Management Branch (for issue and rescinding of policies)
- Relevant Department of Health and Health Service representatives as determined by the Communications Coordinator.

### **4.3 Functions of the communications coordination group**

The Communications Coordination Group shall be responsible for developing the overall communication strategy and for approving the information provided to or made available to:

- the media
- the NSW community
- NSW Health organisations
- other government agencies
- community and non-government agencies

The Communications Coordination Group shall ensure information is provided to the groups referred to above.

Where established (and effective) communication networks already exist (for example with the Division of General Practice) the Communications Coordination Group should work with the relevant Coordination Group, Health Service, Department of Health Branch or other agency to ensure appropriate information is provided through these networks rather than establish a duplicative distribution process.

The Communications Coordination Group shall also provide expert media and communications advice to the other Coordination Groups, the State Incident Coordination Management Group and the State Incident Controller.

## **5 INTERAGENCY AND OTHER JURISDICTION ARRANGEMENTS**

### **5.1 NSW interagency arrangements**

Under the State Emergency Management Act (SERM Act) NSW Health is the “combat” agency in responding to a pandemic. When the NSW HEALTHPLAN is activated or an emergency is declared under the SERM Act support to NSW Health is coordinated by the State Emergency Operations Controller (SEOC) through the State Emergency Operations Centre (SEOC). If the emergency is a pandemic emergency the NSW Influenza Committee will convene and NSW Health and the SEOC are members of this Committee.

If the NSW HEALTHPLAN is activated the SEOC can stand up the SEOC and has formal authority to direct the resources of other agencies to support the NSW Health response. This guideline provides ‘escalation’ governance arrangements when the NSW HEALTHPLAN has not been activated and the SEOC may not have been ‘stood up’.

Under the ‘escalation’ governance arrangements the Director-General of the NSW Department of Health should initiate meetings with the SEOC, the Department of Premier & Cabinet and other agencies directly impacted (such as the NSW Department of Education).

The purpose of these meetings will be to inform whole of government decisions, to provide advice to Ministers and the Premier and to involve other major agencies - including foreshadowing issues where NSW Health requires the support of these agencies to respond to the pandemic.

### **5.2 Other jurisdictional arrangements**

The Chief Health Officer will continue to represent NSW Health on the Australian Health Protection Committee (AHPC) and report to the SICMG.

The Director-General of the NSW Department of Premier & Cabinet (DPC) is a member of the National Pandemic Emergency Committee (NEPC). The Chief Health Officer and the Director-General should continue to provide advice to the Director-General of DPC to support them in representing NSW Health’s views on the National Pandemic Emergency Committee (NEPC).

## **6 ACTIVATION OF THE NSW HEALTHPLAN**

If the disease becomes more virulent and or the impact on the NSW Health system or other government agencies is such that the response cannot be effectively managed using existing resources and structures, the NSW HEALTHPLAN and other state emergency management plans may be activated (see annexure A for information about how the HEALTHPLAN is activated).

To ensure the transition of governance arrangements to the HEALTHPLAN is achieved with minimal disruption the structures and processes described for governance in the interim phase align closely to those under the NSW HEALTHPLAN.

## **Annexure A**

### **GOVERNANCE ARRANGEMENTS UNDER NSW HEALTHPLAN**

HEALTHPLAN can only be activated by the State Health Services Functional Area Co-ordinator (State HSFAC) or delegate.

Activation may be as a result of:

1. A request from the State Emergency Operations Controller for health support
2. A request from the Health Emergency Management Committee
3. A health emergency

When the HEALTHPLAN is activated the State Health Services Functional Co-ordinator (State HSFAC) coordinates the health response.

The Minister for Health nominates the State HSFAC. The CE of the NSW Ambulance Service is the current State HSFAC.

The HSFAC reports to the Minister through the Director-General of Health. However when a State of Emergency is declared and the State Disaster Plan activated (DISPLAN) the State HSFAC reports to the Minister for Emergency Services through the State Emergency Operations Controller (SEOCN, the Deputy Police-Commissioner).

The State HSFAC represents Health on the State Emergency Management Committee (SEMC).

Following activation of the HEALTHPLAN, all NSW Health and other health services resources including personnel will be available to the State HSFAC for the purposes of this plan.

NSW Health personnel become responsible to the State HSFAC and not to hospital and Area Health Service executives or other originating agencies for the execution of this plan.

The State HSFAC may activate the Health Services Disaster Co-Ordination Centre (HSDCC) and co-ordinate the Health response through the five Controllers:

1. Medical
2. Ambulance
3. Public Health
4. Mental Health
5. Communications (or Health information)

The State HSFAC also stands down the HEALTHPLAN when the incident is resolved or hand over to the local health service or services is appropriate.

## **GOVERNANCE COMMITTEE**

The Health Emergency Management Committee (HEMC) is the principal committee that provides advice to the Director-General in exercising his or her functions and responsibilities in relation to emergency planning and response. In particular, HEMC is responsible for monitoring emergency planning across NSW Health.

The Counter Disaster Unit (CDU) provides administrative support to the HEMC. The CDU reports to the HEMC through the Chief Executive, Ambulance Service of NSW.

The terms of reference for the HEMC include:

1. assist the Director-General in the preparation and review of all State health emergency planning documents, including HEALTPLAN and its supporting plans and sub plans;
2. advise the Director-General on governance arrangements for health emergency planning and response;
3. ensure the necessary emergency management plans and appropriate business continuity plans are in place across NSW Health;
4. ensure the structure for emergency management planning across NSW Health is regularly reviewed and updated;
5. ensure health entities identify, evaluate and monitor threats and hazards to the health and community of NSW;
6. review systems for use in the control and co-ordination of health emergency operations;
7. ensure that appropriate communication networks are established within and between Area Health Services and NSW Health;
8. ensure specific hazard management guidelines are in place as required;
9. ensure suitable emergency management training programmes are in place across NSW Health; and
10. monitor the conduct of training exercises to periodically test emergency management plans.

### **HEMC Membership**

The HEMC comprises the:

Director-General  
State HSFAC  
Chief Executive of the Ambulance Service  
Chief Health Officer  
Deputy Director-General, Health System Support  
Deputy Director-General, Strategic Development  
Director, Counter Disaster Unit  
Two Chief Executives