



# Emergency Management Framework

To guide our role in emergency management and action plan for implementation.

February 2022



## Acknowledgements

We would like to thank NWMPHN Community and Clinical Council members for their input and review of this Framework.

North Western Melbourne Primary Health Network (NWMPHN) acknowledges the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

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# Introduction

Emergencies that require a health response are part of our operating environment. These include global pandemics, bushfires, flooding, incidents with very local impacts, and everything in between.

## Climate Change

The evidence is clear, and well understood, that climate change is a major driver of more severe weather events, which inevitably generate disasters and emergencies. The World Health Organisation notes significant impacts on social determinants of health and on health outcomes, particularly for those who are already at risk, such as children, the elderly and people with chronic health conditions<sup>1</sup>. The Sixth Assessment Report of the Intergovernmental Panel on Climate Change<sup>2</sup>, published in August 2021, assesses the most up-to-date physical understanding of our planet's climate system and climate change. It includes multiple references to negative health impacts, particularly caused by deteriorating air quality as a result of polluting emissions, and the effects of extreme heat as global temperatures rise.

## Long-term impacts

Health emergencies mean resources need to be diverted, creating pressure points and immediate impacts on service and system access. These and subsequent responses may continue for extended periods as the community experiences, for example, an increase in acute illness and presentations, mental health presentations, family violence, substance use, and exacerbated chronic health conditions where diagnosis and treatment may be affected or delayed.

North Western Melbourne Primary Health Network (NWMPHN) plays a key role in delivering and supporting a health response to emergencies that occur in its region. This framework sets out the drivers of this role, and our approach to preparing for, responding to, and recovering from emergencies that may have an impact on the health of our community, whatever their scale and impact.



1 WHO (World Health Organisation) (2018) Climate change and health, accessed 5.8.2021

2 IPCC (Intergovernmental Panel on Climate Change) (2021) Sixth Assessment Report, accessed 18.8.2021

# About NWMPHN

## Population and growth

NWMPHN encompasses the central, north and western region of Melbourne. The area is large and diverse, and rapidly growing. In 2016 it had a population of 1.6 million and is predicted to increase to more than 2.8 million by 2036. Several areas experience greater than average levels of disadvantage.<sup>3</sup>

## Services and support

The region covers 13 local government areas and contains some of the largest health and hospital services in the state. These include recently established local public health units. To meet the needs of a rapidly growing population, two new acute hospitals and three new community hospitals are in development or being built. There are more than 550 general practices in the NWMPHN catchment.

## Priority populations

Within the NWMPHN region, there are several population groups at greater risk of poorer health outcomes, and the associated risk that emergencies will exacerbate negative health and wellbeing impacts. These may benefit from more tailored responses, including emergency responses and care delivered in appropriate cultural and social contexts.

At-risk populations include:

- older people
- children and families
- people with chronic conditions
- people experiencing socioeconomic disadvantage
- people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ)
- people experiencing homelessness
- Aboriginal and Torres Strait Islander communities
- culturally and linguistically diverse (CALD) communities
- refugees and asylum seekers
- people who have been incarcerated.

## Vision

NWMPHN's vision for 'a healthy community, a healthy system' is delivered through four strategic objectives.

- Transforming primary health care.
- Undertaking evidence-based commissioning.
- Activating community and partnerships.
- Striving for organisational excellence.

## Emergencies

Emergencies that bring health impacts in the NWMPHN region could include:

- heatwave
- flood, storm, extreme weather
- bushfires
- structural fires
- major transport accidents
- human epidemic/pandemic
- service disruption to utilities lasting for more than 12 hours
- gas main rupture leading to explosion.

Local emergencies to which NWMPHN has responded in recent years, in addition to the COVID-19 pandemic (2020–2021), include:

- a fire at a tyre storage depot in Broadmeadows (2016)
- the thunderstorm asthma event (2016)
- a fire in an apartment block in Southbank (2017).

In each of these, NWMPHN partnered with general practice, pharmacy, community health and local hospitals to respond to community needs.

<sup>3</sup> Australian Bureau of Statistics (ABS) National Health Survey 2017–2018

**Figure 1. NWMPHN core roles**



We aim to increase the efficiency and effectiveness of health services for our community – particularly those at risk of poor health outcomes – and improve coordination of care to ensure the right care in the right place, at the right time.

#### **Capability Builder**

We enable primary health care providers to be ready for and respond to emergencies that have a health impact on our communities.

#### **Commissioner**

We commission a range of services to meet local needs, monitor emergency planning and innovative responses to maintain continuity of care for people across the region.

#### **Champion**

We advocate for local communities, general practice and other primary health care providers to State and Federal governments to improve emergency preparedness, and the way care is delivered and communities recover.

#### **Communicator**

We develop clear, timely and accessible communication for the community including priority populations and healthcare professionals.

#### **Coordinator**

We create linkages between primary, acute, specialist services, State and Federal Governments, and community groups to optimise network capability and ensure continuity of patient care before, during and after emergencies.

# Context

## The scope of NWMPHN's emergency management is framed by both federal and state emergency management plans and directives.

NWMPHN plays a critical role in emergency management planning for our region. NWMPHN is a funded entity of the Australian Government, and also funded by the Victorian Government. We work with both levels of government to activate a local response.

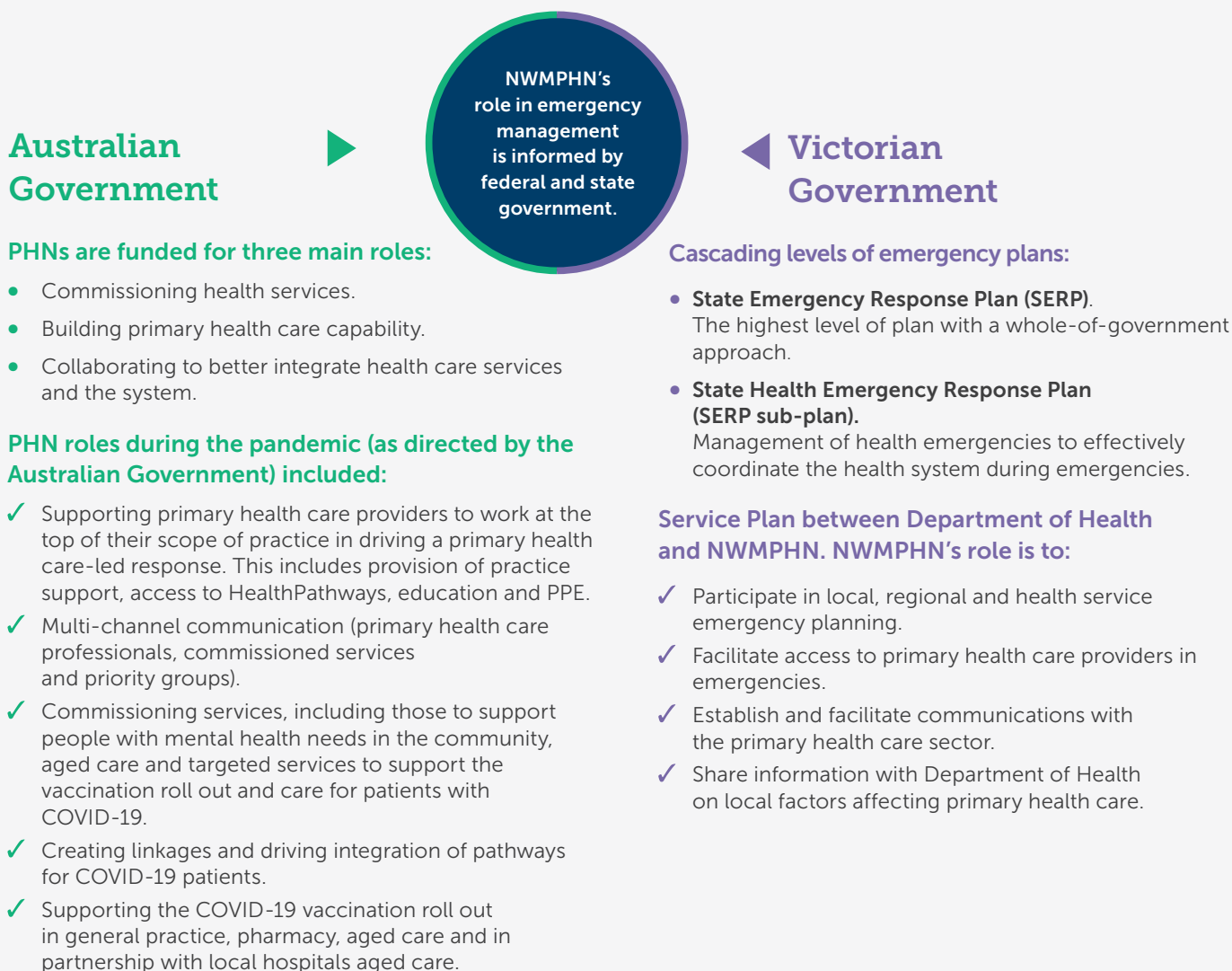
In September 2021, the [PHN Cooperative](#) published a white paper about the role of Primary Health Networks in natural disasters and emergencies<sup>3</sup>. It notes that while

*"Commonwealth and State agencies have the overall responsibilities for on-the-ground disaster management, during natural disasters or health*

*emergencies, PHNs offer the opportunity to coordinate a strong primary health care response that will deliver care where and when it is needed, reducing pressure on the acute sector and ensuring an organised and effective response. It is essential that disaster management is integrated and coordinated between all key stakeholders and the role of primary health care and PHNs is recognised and supported by all levels of government."*<sup>4</sup>

The White Paper recommends that PHNs are: authorised, recognised, funded, resourced, and prepared, so that PHNs are able to provide a platform for integrated emergency preparedness, response and recovery efforts,

**Figure 2. Federal and state framing for NWMPHN emergency management**



3 PHN Cooperative: [The role of Primary Health Networks in natural disasters and emergencies](#) – A White Paper. 2021

4 PHN Cooperative, p.2

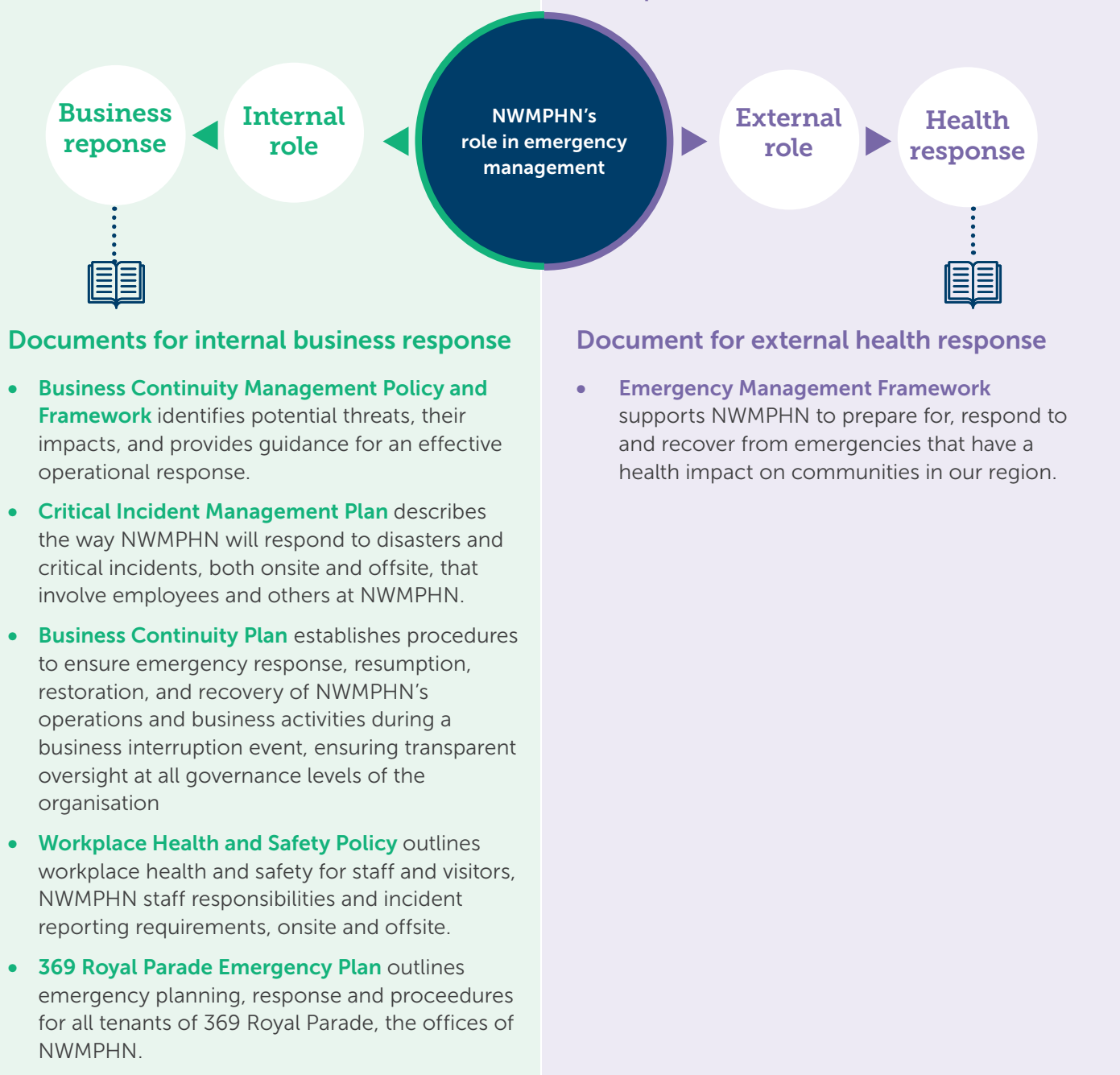
## NWMPHN internal and external roles in emergency management

The Emergency Management Framework is one in a suite of guidance documents that set out roles and responsibilities for responding to emergencies that affect NWMPHN business operations. The suite of documents guiding our internal and external roles are outlined in Figure 3.

**Figure 3. NWMPHN internal and external roles in emergency management**

NWMPHN prepares for, responds to and recovers from emergencies affecting, or likely to affect, its operations.

NWMPHN prepares for, responds to and supports recovery from emergencies as part of a significant and coordinated effort to ensure the health system responds to and mitigates adverse health consequences for communities.



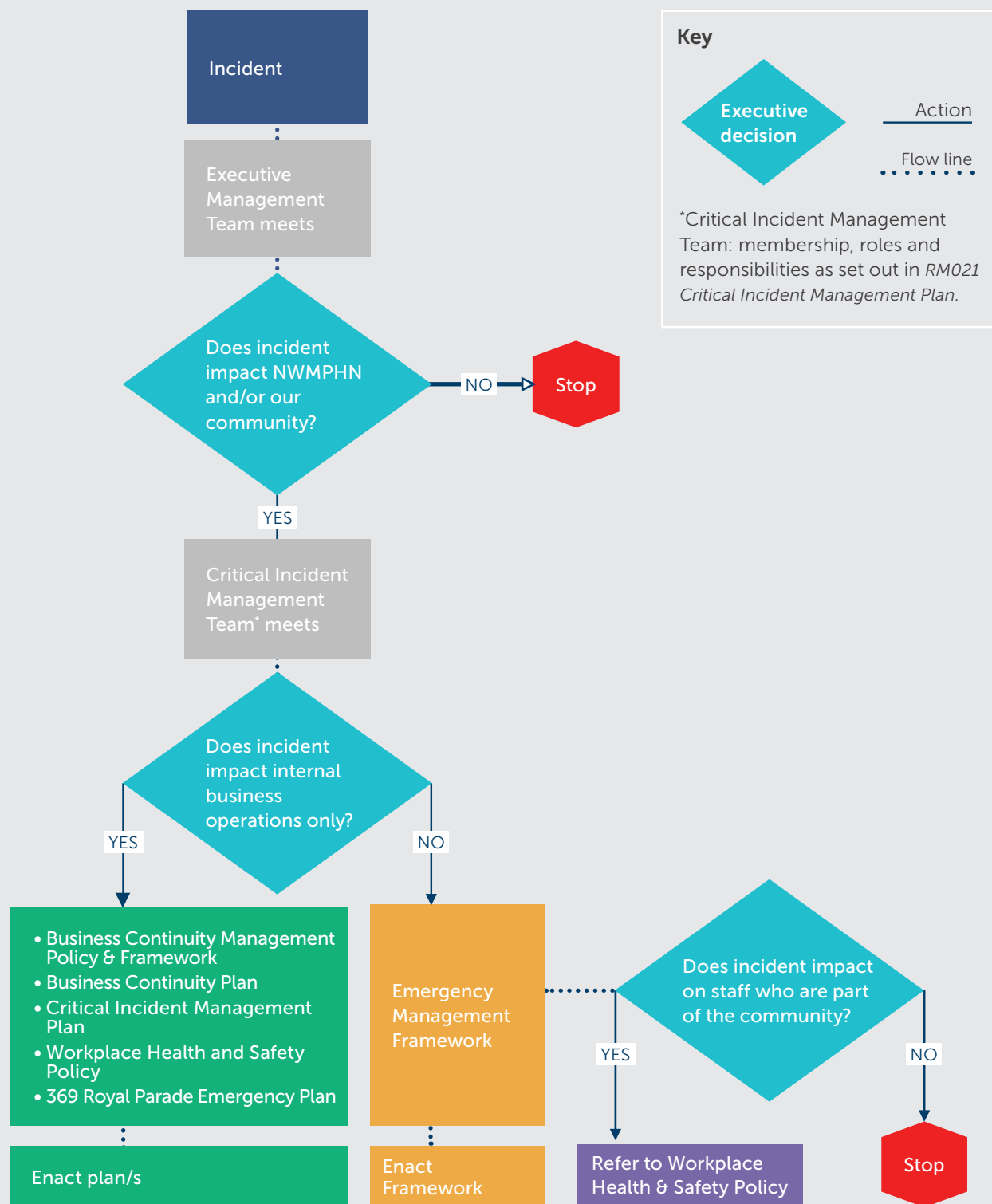
3 PHN Cooperative: [The role of Primary Health Networks in natural disasters and emergencies](#) – A White Paper. 2021

4 PHN Cooperative, p.2



Activation of the Emergency Management Framework is governed by a series of decisions that evaluate likely risk, impact and consequence of an incident that may affect NWMPHN’s communities, staff or business operations.

**Figure 4. Emergency response activation process**



# Purpose of the Emergency Management Framework

**The Emergency Management Framework (EMF) supports NWMPHN to prepare for, respond to, and recover from emergencies that have a health impact on communities in our region. It is part of a significant and coordinated effort to ensure the health system responds to and mitigates adverse health consequences for communities.**

The framework responds to the role the NWMPHN plays as a funded entity of the Australian Government, and its critical role in working with the Department of Health at the state level to activate a local emergency response.

## Guiding principles

The Emergency Management Framework is guided by six principles.

- 1** Everything is underpinned by NWMPHN values of equity, respect, innovation and collaboration.
- 2** Roles, responsibilities, and accountabilities are transparent.
- 3** Processes that support a coordinated and collaborative approach are streamlined.
- 4** Staff engagement, including capacity and capability-building, is ongoing.
- 5** Documentation and supporting systems are user-friendly, current, and accessible.
- 6** Review and improvement are continuous.

## Process

This Emergency Management Framework was developed as a priority project of NWMPHN's Executive Team in 2021, informed by the insights arising from the COVID-19 pandemic response. However, it is worth noting that it was developed to support an effective health response to emergencies of any scale, including small and local events.

Development was informed by previous emergency management planning and activities carried out at NWMPHN because of its role in state and federal emergency response systems. The Victorian Department of Health has provided funding to develop a planned response to emergencies and future pandemics that may occur in its catchment. The Australian Government has funded emergency planning activities as part of its COVID-19 response. The Emergency Management Framework was developed through a participative process with key stakeholders:

- All NWMPHN staff were invited to participate in a survey about the organisation's response to the COVID-19 pandemic. Staff considered individual, team and whole-of-organisation perspectives with a frame for each of 'what worked well, what didn't work well, what could be done differently'. They were able to include additional individual comments.
- A thematic analysis of the 46 responses yielded insights that informed the framework, and identified organisational development needs, including business improvement, as well as learning needs and implementation matters. These inform planning and activities and are included in the implementation section.
- A series of focus groups was held with four key stakeholder groups. Each plays a particular role in preparing for, responding to, and recovering from emergencies that have an impact on the health of our community.



- **Primary health care improvement and support**

The primary health care sector in our region is a key partner with NWMPHN in preparing for, responding to, and recovering from emergencies as part of our role in building workforce capacity in the sector and supporting provision of integrated, effective health care to the community. HealthPathways Melbourne is an important component of this.

- **Commissioners**

NWMPHN ensures that providers of services commissioned by us are prepared for, responsive to, and supportive of recovery when there is an emergency. This is central to due diligence and effective contract management.

- **Communications**

NWMPHN is uniquely positioned to develop and deliver clear, timely and accessible communication for the community, including priority populations and healthcare professionals before, during and after an emergency. The role of communications in informing and supporting NWMPHN staff is also critical.

- **Business systems and information technology**

Responsive delivery of corporate systems and services to NWMPHN underpins its capacity and capability to prepare for, respond to, and recover from any emergency that affects the health of its community. Finance, human resources, procurement, administrative support, and information and communications technology (ICT) enable smooth and effective organisational functioning and delivery in an emergency. In addition, this area is responsible for related plans that address organisational and business operations: critical incident management, business continuity and workplace health and safety.



# Emergency Management Model

The Emergency Management Framework is structured around three phases of emergency management: Prepare, Respond, Recover.

This model of emergency management at NWMPHN shows that there is not a strict sequence of activities, nor a hierarchy of relationships. All activities are important and have a place in the overall scheme.

See Appendix for Responsibilities and Actions.

## Prepare

- Plan, test, maintain, build and support awareness, engagement, advocacy for PHN role, continuous improvement (ongoing).
- Liaise with commissioned providers and primary care sector to support preparedness.
- Monitor potential emergency, assess risk/threat, plan to respond if needed.

## Respond

- Internal decision or external direction (e.g. from the Australian Government, Department of Health, Victorian Government, Department of Health}. may affect all or part/s of NWMPHN.
- Communicate with staff, commissioned providers, stakeholders (e.g. general practice), community (as appropriate).
- Enact plans to respond as required by emergency.

## Recover

- Internal decision to stand down NWMPHN response – may or may not be informed by external declaration. May be scaled to affected areas of NWMPHN operations.
- Shift back to business as usual (BAU) ie Prepare.
- Debrief, review and revise Emergency Management Framework (and related plans) in line with outcomes.
- Contribute to external debriefs where relevant.
- Transition to long-term support, advocate for additional resources as required.
- Insights from debrief and review inform understanding of community need and commissioning activity.

Figure 5. Emergency Management Model<sup>5</sup>



<sup>5</sup> The model uses a RACI matrix (Responsible, Accountable, Consulted, and Informed), or responsibility assignment matrix. This describes the participation by various roles in completing tasks or deliverables for a project or business process. [www.project-management.com/understanding-responsibility-assignment-matrix-raci-matrix/](http://www.project-management.com/understanding-responsibility-assignment-matrix-raci-matrix/)



# Implementation - future activities and actions

To implement the Emergency Management Framework, activities will be undertaken by responsible functional areas to build on or improve current work, or to develop innovative approaches.

These activities and associated timeframes, including monitoring and measurement, will be incorporated in business and team planning, and in individual professional development plans. Implementation

progress will be reported to the Executive Management Team through the NWMPHN Strategic Planning and Performance Management Framework quarterly reporting process. See the Appendix: Emergency Management Action Plan for more details.

**Table 5. Future activities overview by role**

Roles	Actions
<b>Executive</b>	
<b>Advocacy for PHN role</b>	<ul style="list-style-type: none"> <li>Advocate for implementation of the recommendations of the White Paper on <i>The role of Primary Health Networks in natural disasters and emergencies</i>.</li> </ul>
<b>Resilient communities</b>	<ul style="list-style-type: none"> <li>Make the objective of building more resilient communities which are prepared for emergencies explicit through our work – advocacy, primary health improvement, commissioning, coordination within the health system.</li> <li>Review and revise insights into health needs arising from emergencies, advocate for and commission services in response.</li> </ul>
<b>Resourcing business as usual (BAU) during emergencies</b>	<ul style="list-style-type: none"> <li>Model staffing and other resources so they can be allocated at scale as part of emergency response – key roles, skills and capability development identified and included in staff performance planning.</li> </ul>
<b>Stakeholder engagement</b>	<ul style="list-style-type: none"> <li>Maintain networks and relationships with key emergency management stakeholders including Australian Government and Victorian Government health departments.</li> <li>Strengthen existing relationships with local governments within the region to build opportunities to coordinate effective emergency responses.</li> <li>Ensure systems and processes in place to support engagement with stakeholders in all relevant areas of the organisation.</li> </ul>
<b>Climate change</b>	<ul style="list-style-type: none"> <li>Engage with initiatives that inform NWMPHN's understanding of climate risks; develop strategies to mitigate climate risks, adapt systems and build resilience; and embed a climate risk perspective in work with the primary health care sector, the community and commissioned services.</li> </ul>
<b>Measurement and data</b>	<ul style="list-style-type: none"> <li>Include measures of effectiveness of the Framework, and associated data, in future iterations of 'Line of Sight' indicators and reporting.</li> </ul>

Roles	Actions
<b>All staff</b>	
<b>Emergency awareness</b>	<ul style="list-style-type: none"> <li>• Maintain awareness of emergency response plans and roles within each.</li> <li>• Maintain awareness of potential emergencies, share information and lessons learnt through participation.</li> </ul>

<b>Primary health care engagement</b>	
<b>Primary health care sector</b>	<ul style="list-style-type: none"> <li>• Registers, professional development, pathways, communications, practice support.</li> </ul>
<b>HealthPathways Melbourne</b>	<ul style="list-style-type: none"> <li>• Maintain currency.</li> <li>• Develop plan for emergency responses, maximise flexibility.</li> </ul>
<b>Staff awareness</b>	<ul style="list-style-type: none"> <li>• Collaborate with the business systems team to develop and maintain staff awareness and understanding of NWMPHN emergency management system.</li> </ul>

<b>Commissioners</b>	
<b>Risk management</b>	<ul style="list-style-type: none"> <li>• Collaborate with the procurement team to build capacity in commissioning teams, embed emergency management requirements as meaningful and proportionate component of procurement, commissioning and contract management.</li> <li>• Develop tool kit including templates and training.</li> <li>• Monitor emergency management preparedness and capacity as part of ongoing contract management.</li> </ul>
<b>Commissioned providers</b>	<ul style="list-style-type: none"> <li>• Establish standards, monitoring and consistent processes for working with commissioned providers who deliver services in the community to ensure emergency management is in place.</li> <li>• Understand what services to mobilise in any given health response to an emergency, establish enabling guidelines for efficiency and effectiveness.</li> </ul>
<b>Contract management</b>	<ul style="list-style-type: none"> <li>• Build capability and capacity of contract managers, including understanding NWMPHN authorising environment, commercial relationships, as enabler of effective emergency response for community and service users.</li> </ul>

Roles	Actions
<b>Communications</b>	
<b>Community awareness</b>	<ul style="list-style-type: none"> <li>Continue building profile and links with community.</li> <li>Support advocacy for community resilience and emergency preparedness.</li> </ul>
<b>Business systems/ICT</b>	
<b>Business systems, ICT Strategy</b>	<ul style="list-style-type: none"> <li>Review and needs analysis of systems and processes to maintain emergency preparedness, including support for communications, workplace learning and development, emergency contact information (staff and key suppliers), ICT platforms that support collaboration, aligned with NWMPHN emergency management system.</li> </ul>
<b>Resource allocation</b>	<ul style="list-style-type: none"> <li>Develop tools and processes to support scaling up, scaling down in emergency response. Consider risk assessment, trigger points for assessment and decision, delegations, agile approval process.</li> </ul>
<b>Procurement</b>	<ul style="list-style-type: none"> <li>Review and benchmark procurement during COVID-19 emergency response. Determine improvements for future emergencies, including what needs to be in place to ensure probity and value for money in emergency procurement. Develop Crisis Procurement Policy.</li> </ul>

# Conclusion

## Governance

The Executive Director, Health Systems Integration, will be responsible for reporting to the NWMPHN Senior Leadership Team on implementation of the Emergency Management Framework.

The Senior Leadership Team will provide integrated and cross-organisational direction and decision-making to ensure it is implemented as a shared responsibility across the organisation.

The Community and Clinical Councils will be provided with regular updates on implementation of the Emergency Management Framework.

## Monitoring, Reporting and Review

Monitoring of implementation and of the measures included in the Emergency Management Framework will be reported quarterly through the NWMPHN Strategic Planning and Performance Management Framework.

The Emergency Management Framework will be reviewed annually and following an emergency response.

# Appendix 1: Emergency Management Action Plan

**Table 1. Prepare: NWMPHN roles and responsibilities**

Audience/ stakeholders	Prepare	
<b>Executive</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Ensure preparedness is maintained.</li> <li>• Monitor compliance, implementation of Emergency Management Framework (EMF).</li> <li>• Maintain networks and relationships, especially DoH (Australian Government) and DH (Victorian Government), share information with organisation.</li> <li>• Ongoing scanning of environment re potential emergencies.</li> </ul>
<b>All staff</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Maintain awareness of emergency response plans/procedures - Emergency Management Framework (EMF), Critical Incident Management Plan (CIMP), Business Continuity Framework (BCF), Workplace Health &amp; Safety policy (WHS).</li> <li>• Maintain currency of personal contact information.</li> <li>• Maintain awareness of potential emergencies, share information.</li> </ul>
<b>Primary Health Care Improvement and Support</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Maintain primary health care registers (NWMPHN and as per DH requirements).</li> <li>• Facilitate/deliver professional development, facilitate access to support tools (e.g. Emergency Response Practice Tool, Quality Improvement (QI) program).</li> <li>• Report to DH, Executive.</li> <li>• Maintain currency and coverage of HealthPathways.</li> </ul>
<b>Commissioners</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Build and maintain positive relationships with commissioned service providers.</li> <li>• Meaningful, proportional risk assessment as part of all commissioning.</li> <li>• Commissioned service provider (CSP) emergency planning support/monitoring (proportionate as per risk assessment).</li> <li>• Maintain contract tracking system so information is current and accurate.</li> <li>• Emergency response and business continuity planning in place as agreed.</li> </ul>
<b>Communications</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Stakeholder contact information.</li> <li>• Continue building profile and links with community.</li> </ul>
<b>Business Systems/ICT</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Maintain preparedness and compliance of related policies and plans: Critical Incident Management Plan, Business Continuity Framework, Policy and Plan, Workplace Health and Safety policy.</li> <li>• Learning Management System (LMS) modules to support staff awareness and understanding of emergency management at NWMPHN.</li> <li>• Maintain risk registers.</li> <li>• ICT Strategy is aligned with EMF.</li> </ul>



**Table 2. Respond: NWMPHN roles and responsibilities**

Audience/ stakeholders	Respond	
<b>Executive</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Decide to enact response.</li> <li>• Activate Critical Incident Management Team, review health response requirements, establish control model.</li> <li>• Establish mechanisms and channels to provide clear and consistent guidance to contract managers about negotiable scope of agreements.</li> <li>• Liaise with other PHNs, state and federal government.</li> <li>• Monitor implementation of plans and adjust response as needed.</li> </ul>
<b>NWMPHN all staff group</b>	<b>Responsible, Consulted, Informed</b>	<ul style="list-style-type: none"> <li>• Enact plans as required.</li> <li>• Maintain awareness – internal comms.</li> </ul>
<b>Primary Health Care Improvement and Support</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Enact plans to respond as required by emergency by state, e.g. contact primary health care providers on register, advise DH regarding participation in emergency response.</li> <li>• Undertake activities required by DoH, DH.</li> <li>• Regular communications to general practices including eblasts and website hub.</li> <li>• Coordinate and deliver professional and workforce development to primary health care providers.</li> <li>• Provide proactive engagement and support to practices as required.</li> <li>• Maintain currency and coverage of relevant HealthPathways.</li> </ul>
<b>Commissioners</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Maintain close contact and effective communication with CSPs</li> <li>• Prioritise risk/threat of emergency for each CSP, respond accordingly.</li> <li>• Monitor impact on service delivery and community outcomes, liaising with CSPs to respond accordingly.</li> <li>• Provide timely advice to Directors and Exec on contract variation/extension requirements.</li> <li>• Implement as determined</li> <li>• Support and advise comms</li> </ul>
<b>Communications</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Develop comms with support from response teams, deliver via appropriate channels.</li> <li>• Liaise with DoH, DH, other sector orgs re comms, including media campaigns.</li> <li>• Communicate disruption to commissioned service providers, primary health care and other health providers as appropriate (e.g. pharmacy, RACF).</li> <li>• Regular communication to all staff.</li> </ul>
<b>Business Systems/ICT</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>• Lead Critical Incident Management Team, liaise with EMF response team/s.</li> <li>• Enact plans as required.</li> <li>• Partner with comms for staff communications.</li> <li>• Support staff.</li> <li>• Support managers with resourcing (people, finances) – flexible, responsive, targeted.</li> </ul>

**Table 3. Recover: NWMPHN roles and responsibilities**

Audience/ stakeholders	Recover	
<b>Executive</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>Decide to stand down/scale response.</li> <li>Ensure debrief is undertaken, insight and outcomes included in revised emergency plans.</li> <li>Determine need and resourcing for long-term support, advocate with funders.</li> </ul>
<b>NWMPHN all staff group</b>	<b>Responsible, Consulted, Informed</b>	<ul style="list-style-type: none"> <li>Participate in debriefs, QI projects.</li> <li>Consider professional development opportunities, with manager.</li> </ul>
<b>Primary Health Care Improvement and Support</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>Debrief with primary health care providers including re HealthPathways, feedback reviewed and included in revised plans as appropriate.</li> <li>Contribute to long-term support as determined by Exec.</li> </ul>
<b>Commissioners</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>Debrief with Commissioned service providers (CSPs), proportionate and trauma-informed. Feedback reviewed and included in revised plans as appropriate.</li> <li>Develop and implement commissioning intentions, informed by population health needs and CSP debrief.</li> </ul>
<b>Communications</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>Contribute to debrief, incorporate outcomes in future comms planning and delivery.</li> <li>Comms to staff, commissioned service providers, primary health care, other stakeholders regarding self-care etc. and going back to 'Prepare'.</li> <li>External comms on role, impact of NWMPHN.</li> </ul>
<b>Business Systems/ICT</b>	<b>Responsible, Accountable</b>	<ul style="list-style-type: none"> <li>Contribute to debrief, incorporate outcomes in policies and plans, ICT strategy.</li> <li>Support staff post-event – facilitate adjustment to business-as-usual.</li> <li>Stand down emergency response, e.g. reassign staff to business-as-usual roles.</li> <li>Report to funders, stakeholders against risk framework including financial impacts.</li> </ul>

**Table 4. NWMPHN measurement and review**

Prepare	Respond	Recover
<p>We will know we have prepared effectively for a health response to an emergency when:</p> <ul style="list-style-type: none"> <li>Quarterly reporting through the Strategic Planning and Performance Management Framework is current and accurate.</li> <li>Primary care registers are reviewed and updated every six months.</li> <li>Business continuity management documentation is up to date, reflects NWMPHN's current condition, and is reviewed and authorised annually.</li> <li>Quarterly contract management meetings include emergency management monitoring and support as a standing agenda item.</li> <li>Stakeholder contact information is reviewed and updated every six months.</li> <li>The Learning Management System includes a mandatory module covering the suite of emergency management plans and their respective application; and all staff have completed the module within three months of commencement.</li> </ul>	<p>We will know we have responded effectively to an emergency when:</p> <ul style="list-style-type: none"> <li>We continue to meet the measures that indicate we are prepared.</li> <li>The Critical Incident Management Team has been activated and has established a fit-for-purpose and adaptable control model.</li> <li>Emergency management plans are implemented and monitored throughout the emergency.</li> <li>The primary health care sector is mobilised to deliver the response and is engaging in communications activities and professional development.</li> <li>Continuous feedback from stakeholders in the response is received, acted on as appropriate, and recorded.</li> </ul>	<p>We will know we will recover effectively after providing a health response to an emergency when:</p> <ul style="list-style-type: none"> <li>We continue to meet the measures that indicate we are prepared.</li> <li>The response has been scaled down or stood down.</li> <li>Debriefs covering all areas of NWMPHN involved in preparation for and response to an emergency have been undertaken, outcomes have been reported and an action plan endorsed by the Executive.</li> <li>Feedback is sought from stakeholders.</li> <li>Subject to the scale of the emergency, staff feedback is sought and included as appropriate in the action plan.</li> <li>We have reported on the response, outcomes and recovery to funders and other stakeholders.</li> <li>Commissioning activities are delivered to meet the needs arising from the emergency are implemented.</li> <li>Plans and strategies are reviewed and revised as needed, ensuring we have utilised experience and lessons learnt and are prepared to respond to future emergencies.</li> </ul>

