Cabinet Office coordination

The production of the NRA is coordinated by the Civil Contingencies Secretariat (CCS) in the Cabinet Office and is updated every two years. NRA risks and relevant planning assumptions will be updated outside of the normal timescales where significant new information becomes available.

For further information about the process of producing the NRA and those involved in it, please see *Methodology and Production*, Chapter 1.

Risk owners

For each risk there is a designated risk assessment owner (a Government Department or Agency), who are responsible for coordinating relevant evidence to inform the assessment of the risk and for identifying any potential new risks which fall within their area of expertise. CCS will fulfil this role temporarily where the lead is unclear. As part of the role, risk assessment owners work with the intelligence community, Devolved Administrations and their own networks of scientific experts.

Challenge groups

Additional challenge and expertise is gathered through expert scientific review groups, which ensure that the evidence underpinning the risks continues to reflect current thinking. These groups include:

- Behavioural Sciences Expert Group;
- Chemical, Biological, Radiation and Nuclear Scientific Expert Group;
- Fatalities and Casualties Working Group;
- Cyber Experts Group; and
- Natural Hazards Partnership.

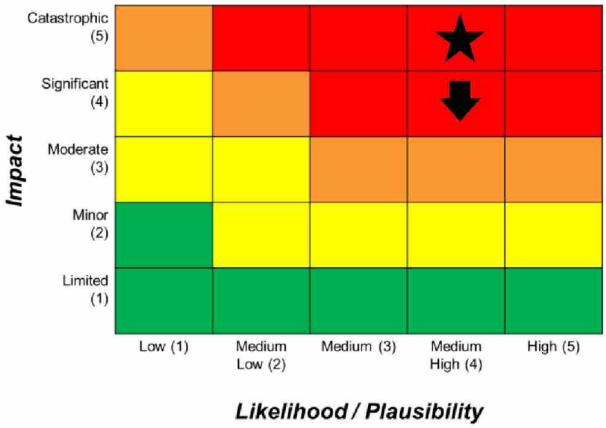
Clearance process

The NRA is agreed by the Prime Minister and members of the National Security Council sub-Committee on Threats, Hazards, Resilience and Contingencies (NSC(THRC)). The production of the NRA is overseen by the Government Chief Scientific Adviser as well as individual Departmental Chief Scientific Advisers and a cross-Departmental senior officials group.

Risk assessment process

The identification, assessment and prioritisation of risks constitute essential steps in preparing to respond to and recover from a crisis. The Government monitors the most significant risks to the UK and its citizens by way of robust and regular risk assessment and captures information about risks and their potential impact on the UK across a number of products, including the NRA. These products cover a range of timescales in recognition of the different actions that need to be taken at different stages in a risk's development. For example, in the short term, the Government monitors events that may occur in the next six months and uses this to develop immediate contingency plans where required. In the longer term, the Government

Disease – Pandemic Influenza
H23 (DH)
Overall Assessment =
Very High



Key

★ Reasonable worst case scenario

⬆ Upper range ⬇ Lower range

Outcome Description

A worldwide outbreak of influenza occurs when a novel flu virus emerges with sustained human to human transmission. Up to 50% of the population may experience symptoms, which could lead to up to 750,000 fatalities in total in the UK. Absenteeism would be significant and could reach 20% for 2-3 weeks at the height of the pandemic, either because people are personally ill or caring for someone who is ill, causing significant impact on business continuity. Each pandemic is different and the nature of the virus and its impacts cannot be known in detail in advance. Based on understanding of previous pandemics, a pandemic is likely to occur in one or more waves, possibly weeks and months apart. Each wave may last between 12-15 weeks.

All ages may be affected, but we cannot know until the virus emerges which groups will be most at risk. There is no known evidence of association between the rate of transmissibility and severity of infection, meaning it is possible that a new influenza virus could be both highly transmissible and cause severe symptoms. Pandemics significantly more serious than the RWCS are therefore possible. The impact of the countermeasures in any given pandemic is difficult to predict as it will depend on the nature of the virus and the RWCS assumes countermeasures are not effective.

Whilst not explicitly stated in every case, H23 would likely compound the effects of the vast majority of risks in the NRA as all sectors would experience staffing pressures.

Confidence Levels

High confidence in the overall assessment based on a large body of knowledge of the issue and includes evidence of a high quality informed by consistent/relevant expert judgements.

Linked and *Compound* Risks

H25 – Disease – Animals

H18 – Natural hazard – Cold and snow

H40 – Infrastructure/System failure – Telecommunications

H41 – Infrastructure/system failure – national electricity transmission

Relevant Planning Assumptions

A: Excess casualties and fatalities

G(i): UK nationals requiring assistance to return to the UK

K: Disruption to transport services

O: Disruption to health services

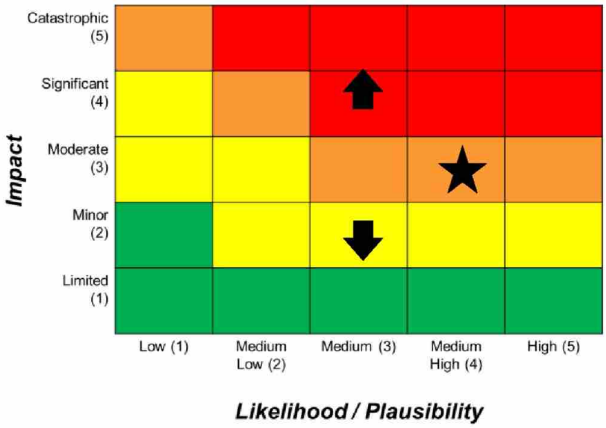
R: Disruption to food supply

There would likely be additional disruption as a result of reduced staffing in all sectors.

Impact scores

Fatalities	5
Casualties	5
Economic Impact	5
Disruption to... Transport	5
Disruption to... Food & water	2
Disruption to... Fuel	2
Disruption to... Gas	0
Disruption to... Electricity	0
Disruption to... Finance	0
Disruption to... Comms	0
Disruption to... Education	5
Disruption to... Health Care	5
Disruption to... Criminal Justice	5
Shelter	0
Evacuation	0
Environment	0
Psychological Impact	4

Disease – Emerging Infectious Diseases
H24 (DH)
Overall Assessment =
High



Key

★ Reasonable worst case scenario

⬆ Upper range ⬇ Lower range

Outcome Description

Over the past 30 years, more than 30 new or newly recognised diseases have been identified. Most of these have been zoonoses, i.e. diseases that are naturally transmissible, directly or indirectly, from animals to humans. It is highly probable that such an infection will arise in another country and possible that it could arrive in the UK before it is identified, but it is also possible that one may arise in the UK.

Severe Acute Respiratory Syndrome (SARS), a newly emerging severe respiratory infection, spread to infect over 8,000 people worldwide within an eight month period before it was contained in early 2004. An emerging or re-emerging infection would not necessarily be spread by the respiratory route (as are influenza and SARS/MERS), but could instead be transmitted directly between people through the gastro-intestinal (e.g. E. coli) or blood routes (e.g. Ebola), or indirectly via vectors such as insects (Zika virus).

Based upon the experience of the outbreak of SARS and more recently, MERS and Ebola, the worst case likely impact of such an outbreak originating outside the UK would be cases occurring amongst returning travellers and their families and close contacts, with spread to health care workers within a hospital setting. However, it is unlikely to present a wider threat to the UK through sustained spread.

Confidence Levels

Low confidence in the overall assessment based on a relatively small body of knowledge of the issue and includes relevant evidence and somewhat consistent/relevant expert judgements.

Linked and *Compound* Risks

Natural hazards

H19, 21, 22 – Flooding

Disease

H25 – Animals

Relevant Planning Assumptions

A: Excess casualties and fatalities

G(i): UK nationals requiring assistance to return to the UK

K: Disruption to transport services

O: Disruption to health services

Impact scores

Fatalities	4
Casualties	4
Economic Impact	4
Disruption to... Transport	3
Disruption to... Food & water	1
Disruption to... Fuel	0
Disruption to... Gas	0
Disruption to... Electricity	0
Disruption to... Finance	0
Disruption to... Comms	0
Disruption to... Education	2
Disruption to... Health Care	3
Disruption to... Criminal Justice	1
Shelter	0
Evacuation	0
Environment	0
Psychological Impact	3